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FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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No. I.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

INTERSTITIAL KERATITIS, ITS PRACTICAL SIGNIFICANCE. *

BY DR. T. J. DILLS.
Pomona, Cal.

Member of the International Ophthalmological Congress.
The American Medical Association.
Indiana State Medical Society.
Ex-Member Indiana State
Board of Health.
Southern California Medical Society.
—etc.—

Some months ago I read a paper before the Pomona Valley Medical Society, entitled "Loco-Motor Ataxia, report of a case with remarks."

A brief sketch of the anatomy and physiology of the spinal cord was followed by a concise history of tabes, its morbid anatomy and etiology.

The reported case presented two features of interest to which special attention was directed. These were optic atrophy on the one hand, and a positive history of syphilitic infection as a causal factor, on the other. These incidents were neither new, nor their interdependence startling, but in so much as they may sustain the relation of cause to effect, their co-incidence was the subject of inquiry.

* Read before the Southern California Medical Society, December 2nd, 1897.

The essential, bi-lateral optic-atrophy was evidently the expression of an ascending degeneration of the cord, which beginning in the lumbar segment, extended to the gray matter of the medulla or at least to the cilio-spinal center.

The case history discloses the fact that the optic-atrophy occurred twenty years after the original infection, and eight years after the advent of the spinal cord symptoms.

That syphilis is a potent factor in tabes is recognized by all, but its importance as a *constant* factor is the subject of dispute. So constant has been the finding of a syphilitic history in all the cases observed by the writer in private and hospital experience, that the assumption was ventured, that it constituted the *dominant* etiological factor. It was not presumed to establish the truth of this proposition from this preponderance of evidence, taken from my own limited field of observation; but, an appeal to the carefully recorded statistics of Erb, extending over a period of eight years, and comprehending 369 consecutive cases, sustained this assumption and was referred to as final, and for all time settling this moot question.

Atrophy of the optic nerve must then be regarded as *one* of the expressions of *acquired* syphilis, however remote the initial lesion; its effects are unquestionably demonstrated in the history of the case reported. The nervous system, and the end-organs of vision and hearing are peculiarly susceptible to its effects; that the atrophic or other degenerative changes must be regarded as the expression of a veritable toxæmia, is supported by the weight of contemporaneous opinion. This view is ably elaborated by Sir Wm. Gowers, in a recent address, from which I quote:

“The new nerve pathology of this period is chiefly a chemical pathology. It was largely due to the discovery of multiple neuritis, which was found to be almost the result of a chemical substance. That has been followed by the discovery that when organisms of disease produce effects on the nervous system which are manifest by symmetrical derangement of special functions, many of the effects are the result, not of the organisms, but of chemical substances produced by their growth:”

Again he says: “We are compelled in the same way to believe that loco-motor ataxia is the result of some toxic material produced in the body by the syphilitic organisms.”

Having established the relation of optic atrophy to acquired syphilis it is our purpose on this occasion to examine the claims:

which *interstitial keratitis* may possess either as a dominant or constant factor in hereditary manifestations of this disease.

Interstitial keratitis, though not comprehending *all* the structural eye changes incident to the progress of hereditary syphilis, is sufficiently comprehensive for descriptive purposes. Its name implies an inflammation of the true corneal tissue, the lamina propria. For clinical purposes it is comprised within three stages, viz., infiltration, vascularization and resolution.

The first marked departure from the normal in the initial stage, relates to transparency. This is made apparent by a condition varying from mere haziness to a ground glass appearance. This *lack* of transparency is due to the presence of minute punctate dots or cells either scattered or occurring in discrete patches within the stroma of the cornea, or on its endothelial layer. These areas of infiltration, beginning usually at or near the center, spread by coalition until the entire cornea is implicated. These cellular masses will be recognized only by oblique illumination and prior to the general saturation of the corneal elements.

The subjective symptoms at this period are usually slight, the visual disturbance being the chief element of complaint.

The second stage more or less abruptly begins by a rapid vascularity of the heretofore hazy cornea, transforming the area involved into a salmon or bright red color, according to the intensity of the inflammation and the richness of the blood supply.

This vascularity is due to the presence of minute capillary blood-vessels, which permeating and interlacing within the stroma, constitute a fine vascular net work. An extension of these deep and superficial vessels usually invades the sclera, so that the entire globe at times presents a densely red or highly congested appearance. It is at this juncture that serious complications may arise. The evidence elicited by inspection is usually valueless, the dense vascular mass completely shutting out all view from within, so that we are forced to rely solely upon subjective evidence. These complications are but extensions of the inflammatory foci to new areas, backward to the uveal tract, or forward to the sclero-corneal margin. The former will be in evidence when the storm has cleared away, by iritis with posterior synechia, occlusion and exclusion of the pupil, consecutive glaucoma, and allied intra-ocular changes. The latter extension to the sclero-corneal junction may induce inflammatory softening, ectasia and staphyloma.

This period, notwithstanding its possibilities of danger, must be regarded in the light of subsequent events as affording the only possible means for the successful completion of the next stage, resolution. Within certain limitations the degree of vascularity is the measure of final restitution. The resolution of the pathologic products heretofore set forth can in no way be secured save by an increased vascular supply and concurrent absorption.

The notable changes observed in the last stage relate to a gradual subsidence of vascularity, a slow return to transparency and a resolution of the products of a cell-proliferation. The subjective symptoms, if of former moment, correspondingly decline until functional activity is resumed. This epoch is frequently beset with relapses, so that there may be periods of alternate hope and despondency on the part of the patient and family before the case terminates its course. The time limit for the completed cycle of this disease is uncertain, usually extending over a period varying from three to eighteen months, but if the complications heretofore adverted to arise, their results may not only seriously reduce visual acuteness, but protract the process indefinitely.

In order to give a practical aspect to the subject, let us briefly consider the clinical history and etiology of this disorder; viz:

That it is the expression of some systemic disorder or specific infection, is proven by the fact *that it is bi-lateral or symmetrical*.

That it is confined to the years of childhood and adolescence, a period characterized by rapid development, and the evolution of such changes incident to heredity, malformations and other degeneracy of tissue.

That a complete restoration of the acuteness of vision is purely an ideal result, slight impairment the rule in the mildest cases.

That its origin is directly traceable to syphilis is incontestably established in a large number, possibly 75 per cent. of all cases. This incriminating evidence will be found upon the person of the patient, or disclosed by an inquiry into the parental history.

The former proposition rests upon this basis that interstitial keratitis is always an associate lesion, the other evidences of inheritance being supplied by the existance past or present of skin eruptions, lesions of the mucous membranes, typical deformity of the upper central incisors, known as "Hutchinson's Teeth," affections of the bones, otitis or periostitis, facial asymmetry, added thereto a general expression of malnutrition or dwarfed development.

The establishment of a pre-natal infection must, within certain limitations relating to time and treatment furnish the crucial test.

One isolated clinical fact must not be considered competent to support an etiological law. Judgment should be suspended until all the material facts have been judicially considered and their relations determined. The recognition of the whole is neither possible nor logical, without contemplating its several or integral parts.

These several parts heretofore mentioned will not be found in every case, but the concurrence of two or more will most likely be in evidence.

I am aware that the statement, attributed to Mr. Jonathan Hutchinson, that this disease is *always* due to syphilis, has not received general support, but the real grain of truth will be found in a later, less dogmatic statement of this distinguished surgeon, found on page 433 of his recent work, "Syphilis:"

"It is almost constantly co-incident with the syphilitic type of teeth, and when these two conditions are found together in the same individual, I should certainly feel that the diagnosis was beyond doubt. As a general rule, however, it is only by the careful estimate of various physiognomical conditions and symptoms considered together, and mutually supporting each other, that the diagnosis of this diathesis can be established."

From this broader, more conservative statement, I fancy there will be found few if any to interpose objection, and upon this statement must the claims of syphilis as the dominant or constant factor in interstitial keratitis securely rest.

As to the other causes, it might be well to name scrofula, or the strumous diathesis. In the opinion of the writer the claims of scrofula for scientific accuracy *are not well sustained*. The term is too elastic to admit of a specific significance. That it possesses a *descriptive* meaning is freely admitted, but that it has no definite, inflexible morphological basis is conceded by its warmest defenders. Until the relation it may sustain to tuberculosis on the one hand and constitutional syphilis on the other are clearly defined, its admission as a cause, fully competent to produce symmetrical, interstitial keratitis must, in my judgment, be withheld. In the light of the present, my personal opinion of this alleged element as a cause may be condensed within the laconic utterance of Charles Lamb, who said in regard to the merits of a certain aggres-

sive scribbler: "The *more* I think of him, the *less* I think of him."

The subjoined case is offered in support of our text:

Annie, five years old, the only child living of Mrs. H., seen, August 1st, 1896.

The right eye involved three weeks, no pain, slight lachrymation and photophobia.

St. pr; O. D., cornea semi-opaque at center, shading off to haziness toward the periphery. Anterior chamber muddy, iris indistinctly outlined, pupil occluded by dense cyclitic membrane, peri-corneal injection of faint lilac hue. Vision equal to perception of light.

The cellular infiltration within the corneal stroma was obscured by reason of the loss of general transparency.

The parental history is as follows: Father died at 35, from some obscure brain disease attended by violent head pain, convulsions and coma. Mother is anaemic and admits of a series of abortions prior to the birth of this child at term.

The child is undersized, below normal weight, has a pale, flabby, thick skin, marked by numerous scars or indentations on face and chest. The facial expression is decidedly asymmetric; base of nose depressed, cicatrices at the angles of mouth and nose. The bones and joints normal.

With such parental history, and supported by collateral evidences of inherited vice, the diagnosis of interstitial keratitis was made, and as such is submitted for your consideration.

THE ROLE OF THE FAITH HEALER AND RATIONAL THERAPEUTICS. *

By E. J. McOscar, M. D.

Physician and Surgeon to the St. Vincent's Orphan Asylum and the Home for Emergencies, Fort Wayne, Ind.

In comparing the present day with the misty past no material difference is discovered regarding the queer and strange notions existing in the popular mind concerning the mysterious and supernatural as manifested in the daily routine of life. Indeed when we consider the advantages accruing from the broader and higher education of the 19th century, we can not be quite sure that the present age has held its own in rising above the unlettered superstition of periods long passed into history.

The tendency to accept and blindly cling to the absurdly incon-

* Read before the Allen County Medical Society, December 28, 1897.

ceivable with a tenacity only equaled by their credulity is not limited to the unlearned. No where is this so apparent as in the list of bodily ills, which properly come within the scope of medical practice. Almost every community has within easy reach a gifted woman or man who cures sickness and drives out black humors by the "laying on of hands" and the "word method." This is the "pow-wow" familiar to all who have had the advantage of being reared in a rural district. Another who received his power from a different star, takes a lock of hair from the sufferer, bores a hole into a native tree near his abode, deposits the hair, plugs up the hole and calmly awaits the healing over of the auger hole with new bark, when patient is found to be cured.

The old lady living in another township has caught the advanced idea of specialism, devoting her skill entirely to ophthalmology. She takes from the scalp of the patient the longest hair obtainable, suspends it high in the fire place chimney out of reach of the blaze, and when the hair has dried into nothingness the evil cankered eye is cured. If for any reason the hair does not properly disintegrate, the upper lid is stroked three times three with goose fat on three successive days. When the proper multiple of the number nine is reached the treatment ends and the eye is supposed to be healed. Each of this numerous class of healers claims to be thus gifted from birth, being the seventh son or seventh daughter. Or it was revealed to the healer by a grand-father just before his death, he having received it from an Indian chief. No fee can be charged for treatment as it would spoil the spell. A donation does no harm.

Quite in keeping with these methods are those of the diagnostic pretender who inspects the innermost recesses of the human body through a glass applied to the fore-arm, then calculates the conditions present with mathematical precision by applying the simple rules of addition and subtraction.

The patient having accepted this, is in position to expect the applied bark to drive out his affliction, and when an hour later after steaming his feet over a crock of hot water, he is shown a vast quantity of bad vile humors deposited therein, he is convinced that the bad stuff has made its way downward and escaped through his toes and he feels better. A few more applications changes his mind entirely and he is well.

Another class of healers practice the "faith cure" and differ from the foregoing in that they do not claim for themselves any spe-

cial power, but rely upon special divine interposition in answer to prayer. Among the numerous divisions of this class is a school having a single text book (Science and Health) written by an eastern woman. This book and the Bible as interpreted by the woman are said to be their only literature. This school is known as "Christian Science" a term of more than doubtful propriety.

Concerning the pretentious methods here alluded to nothing need be said. Viewed from their standpoint they are not entitled to serious consideration. Their results, however, in the way of supposed cures, for obvious reasons, merit attention and investigation.

Another school devoted to healing claims our more serious attention, including at it does some of our most profound thinkers. They exhibit none of the elements of the pretender, claiming for themselves no special powers. They believe that the unseen forces operating on the physical body come from within the individual. They credit physical conditions to mental causation. They teach "as a man thinks, so is he;" that his physical nature conforms to his own ideal—never rises above or falls below it. The physical body is merely the implement through which the real man gives visible expression to his ideals. His ideals are suggested and formed by his environment, past and present.

Through ideal suggestion they profess to supplant the morbid ideal of the invalid with a higher and healthier one.

Having adopted the ideal of health instead of that of disease, the body being subservient to the mind, conforms to the new conditions imposed by its master and can give expression only to what the mind directs. The patient improves in bodily health as his mental receptivity for healthier ideals increases.

This theory of mental therapeutics is not new, as every thinking medical practitioner can attest. Consciously or unconsciously he daily utilizes this agency in obtaining results which possibly are accredited to some recent proprietary mixture. The enterprising firm is enabled to publish the doctor's testimonial, duty alone and a regard for truth prompting him to give it.

What physician has not observed a cessation of distressing symptoms after having administered a remedy intended to bring about such result, but which was manifest before the remedy could have acted physiologically? The patient firmly believed that relief would be effected by the means employed. In other words he willed that the trouble should cease, relying on the aid which he saw applied.

An individual accustomed to securing rest and sleep by artificial means is unable to find repose and pleasant dreams until the ideal dose is administered. Let the dose be prepared and administered to all appearance in conformity with the ideal of the patient. Then inject a dose of distilled water or if given by the mouth a substance equally inert, and the train of distressing symptoms give way to calm and refreshing sleep. Why? Because the real man for the time being has attained his ideal and is satisfied. He ceases to hold himself in antagonism with himself and being at peace with all the world beside he is calm. Ideal suggestion plays an important part in creating and dispelling distressing symptoms. As physicians we well know the desirability of cheerfulness at all times in the sick room. A shutting out of everything that tends to vex, annoy or keep the attention of the patient fixed on his affliction. If the patient is capable of exercising his mental powers he should be so filled with pleasing ideals that there would be no room for gloom.

This condition is all desirable whether the case be one demanding the most skillful surgery and judicious use of therapeutic agents, or whether it be one of simple disturbed function void of organic change.

The serious woe-be-gone medical man or other frequenter of the sick room carries dismay to the patient; bears in his expression evil forebodings, warnings of impending danger and almost certain disaster. The harm thus done the patient can not easily be estimated. A brief morning call has disarranged more normal function, by the injection of this dose of mental poison than will be corrected by the drugs prescribed and administered during the next twenty-four hours. The painstaking care and concern of the visitor, fills the patient with confidence in his ability to recognize the inevitable. Having abandoned self the patient accepts this gloomy ideal and to all intents and purposes for the time being it becomes a reality.

Physicians are sometimes charged with cultivating a habit of feasting their minds on diseased ideals. Thus becoming unconsciously morbid in mind themselves, they learn to smile at pathological conditions as something placed in their path to afford them a never ending train of pleasure and delight. To them health is a curse, a blight, a famine. The atmosphere is laden with the exhilarating fragrance of nature's normal conditions, mixed with the sickly murmurings of those whose loftiest ideals stop at the depressed level of disease. To them it is distressingly healthy. This distress to them

is real. They can reach no higher than their ideals carry them, therefore they are not in a mood to appreciate full and complete physical health. Not alone in relation to physical ills do the ideals portray the individual, but in every relation in life they mark the unerring measure of the man. I recall having read with pleasure and profit a creditable article from the pen of a scholar, and thinker, wherein the writer characterized a goodly number of individuals whose traits he had taken the pains to study. Among the writer's ideal men was one whose great merit and personal worth, brought to his memory the highest praise; and in order to emphasize the idea and close the theme with a fitting climax he said "and although he was of a particular religious belief he was not narrow nor bigoted." Here the writer unconsciously revealed that he himself possessed, on this particular point, those very qualities which his hero surprisingly lacked, the absence of which called forth his admiration. The writer expressed his ideal just as he had permitted himself to acquire it from his depressed vantage ground.

It was an honest expression, therefore entitled to criticism without censure, but unworthy the writer's capabilities and possibilities. Being morbid it requires treatment, but not with drugs. The remedy must come from within by clearing the mental vision and seeking true ideals. The individual like the chambered nautilus of Oliver Wendall Holmes must leave his low vaulted past for a dome more vast in order that his mental vision may be free to expand and reach its possibilities.

When low ideals pertain to bodily ills as existing in others, the projector of them, if he be of a positive turn and enjoys the patient's confidence, usually succeeds in engrafting them into the patient's mind and being. If the ideals be high and normal under similar circumstances he is equally successful. No one possessed of ordinary reason would pretend to say that this is universally true. On the other hand no one who observes and exercises his thought power will deny it in its entirety.

Mental therapeutics is a part of rational medicine. Its being utilized by illiterate pretenders under the guise of a supposed charm does not warrant the physician in attempting to cast it aside. Accord it recognition or not, the fact remains that consciously or unconsciously it becomes a factor in his daily work. The confidence which he inspires in his patient for his drugs and his own skill is ideal suggestion of a desirable type and proves an effective adjunct

to his well selected drugs. In ideal suggestion we find a reasonable explanation for all the reputed cures claimed by the pretenders. Their cures do not include organic defects. They are confined to cases of perverted function alone. The forces which govern function are no part of the physical body. "The proper study of mankind is man" means man in his two-fold nature. He who confines his study to the material man has, as our British brother would say, but a beastly idea of his subject. There is here no intention expressed or implied to laud mental thereapeutics as against medicinal measures. I only point to the former as holding a legitimate place in rational medicine. Shakespere was not far from right when he said "our remedies oft in ourselves do lie which we ascribe to heaven. The fated sky gives us free scope, only doth backward pull our slow designs when we ourselves are dull."

29 West Jefferson St.

A very elegant, illustrated pamphlet entitled "The Lofoten Islands and Their Principle Product," has recently been issued by the well known firm of Parke, Davis & Co. Beginning with a description of the Lofoten Islands, situated near Norway, the reader is taken successive through the various regions among the principal cod liver oil fisheries, and is given an insight into the improved modes of preparing the cod livers, which are so extensively used in the preparation of cod liver oil, and the various manners of manufacture, together with glimpses of scenery connected therewith. While cod fishing is carried on in various parts of the world, it has been said that the Lofoten Islands' product is by far the purest of any in the world, this opinion being based upon careful examination by the government fish commission and scientific experts, as well as upon the comparative examination of the various oils upon the market. The pamphlet furnishes interesting reading material, and will be read with great pleasure by those who are favored with copies, which may be obtained through the firm of Parke, Davis & Co.

SOCIETY PROCEEDINGS.

MEETING OF THE INDIANA STATE MEDICAL SOCIETY.

The forty-ninth annual meeting of the Indiana State Medical Society will be held at Evansville during the latter part of May, or early in June, the exact date to be announced by the committee on arrangements. As this will be the first instance in which the Society has held a meeting in the southern part of the State, it is confidently expected that the members from that section will turn out in force, and we are already assured that members in that territory who have not heretofore been active in promoting the Society's interests are now interesting themselves in the Evansville meeting. To the end that the meeting may not only be a success from the point of attendance but of unusual scientific interest, we urge our friends in the northern part of the State to not only arrange to be present but take an active part in the program.

The physicians of Evansville are, on the whole, progressive and hospitable, and no effort will be spared to make the meeting satisfactory in every particular. Evansville, the second in population in Indiana, is situated at the extreme southern portion of the State, on the Ohio river, and is reached by numerous lines of railroad which traverse the productive country of that region. The usual one and one-third rate to members of the Society will be extended by the railroads, and in view of the pleasant trip and profitable meeting that is undoubtedly before us, we urge all members to begin thinking about making arrangements to be present. Attendance upon the annual meetings of the Society should be considered a duty that we owe the Society as well as ourselves, and accordingly we should show our appreciation of the Society and the efforts of our Evansville friends to make this year's meeting a success by being present.

Fort Wayne Medical Journal-Magazine.

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of December:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	3	4
Scarlet Fever ..	4	0
Measles	not rep	0
Typhoid Fever	4	3
Tuberculosis	not rep	5
Cerebro-Spinal Meningitis.....	not rep	5
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
Total deaths from all causes.....		45

CONTROL OF QUARANTINE.

The *Jour. of the Am. Med. Assn.*, publishes (Dec. 18, 1897) a letter from the Hon. W. D. Bloxam, Governor of Florida, which was written by request to the *Picayune*, of New Orleans, and which explains itself. Inasmuch as it deserves wider publication we reproduce it herewith:

T. G. Rapier, Esq., Manager *Picayune*, New Orleans, La.

Dear Sir:—I have the honor of acknowledging your favor of recent date requesting an expression of my views upon the question of State, interstate or Federal control of quarantine against the future invasion of disease. Never having worshiped at the shrine of Aesculapius, it will be impossible for me to present anything of a scientific character, but simply such thoughts as have been engrafted upon my mind by the experience of the last ten years in Florida and enforced by the views of the health authorities, in whose judgment I place great confidence. Were those thoughts summarized, they could be condensed in one expression:

Government co-operation with State control.

Our health authorities have frequently placed themselves on record in the matter of public health regulations. The State Board of Health of Florida is a unit upon the necessity of Federal legislation looking to the creation of a Department of Public Health with a recognized head. The members of the board at an annual meeting a year or two ago adopted a strong memorial to our State Legislature and our Congressional delegation, earnestly recommending concerted action in this direction. Could a cabinet officer be invested with a more responsible duty than looking after the health of seventy millions of people? Then why not create a Department of Health with a cabinet officer at its head, with ample power and authority to render assistance, when needed, but whose principle line of action and basis of union with the ideal public health system shall be co-operative and contributory to the several State boards of health?

NATIONAL DEPARTMENT OF HEALTH.

Let there be a "Secretary of Public Health," with State boards as his coadjutors. Let him formulate a uniform maritime quarantine and domestic or internal sanitary code to be enforced and operated by the several states.

The American Medical Association has embodied this idea,

carried out in all its details, in a bill, which has received the indorsement of many of the leading sanitarians and public health organizations of the several states, and which I presume will be called to the attention of Congress with the indorsement of the great mass of the medical profession of the country. The country, and no portion so urgently as the Southern States, needs such a measure, or any course that will relieve a small bureau of the Treasury Department of the necessity of taking care of the lives of millions of people.

By what decree of providence of common sense is it ordered that the financier of the Union—the Secretary of the Treasury—burdened with care beyond endurance, by environment and education harnessed to a most potential and engrossing charge—made the arbiter of matters of life and death to the countless thousands? Who more unfitted to deal with the great issues of public health than the steward of the nation's wealth? And why relegate to a mere departmental division a responsibility second to none, and one which should be confided to no care but that of the ablest and most experienced?

At present, governmental health affairs are administered through and by the Marine Hospital Service—an organization for the care of sick seamen, though nominally committed to the Secretary of the Treasury, who, perforce, both by reason or stress of other matters and the necessity of some medical culture, has to foist them upon a subordinate. And what record is attributed to this Marine Hospital Service? It is claimed by those in a position to know that inadequate measures upon the part of this service not only admitted, but almost contributed to the infection at Key West and Tampa in 1887, which was followed by the epidemic of 1888. Who, then, was responsible for the epidemic of 1888?

Who was responsible for the entrance of yellow fever at Brunswick in 1893? Was there no mismanagement at that port? And who was in charge of its maritime quarantine?

Who is responsible for the introduction of the recent plague in the first instance, through Ship Island Quarantine Station, near Biloxi? Was anything accomplished by this service to prevent a further spread of the disease after its careless introduction? Was confidence established, without which the country may always expect the barbarities of the shotgun quarantine?

The answer to these inquiries, which are not aimed at individuals, but at the system, must necessarily have weight in determining

future legislation. Let us have a Department of Public Health, most assuredly, but let it be advisory and co-operative, and upon lines that will be an earnest of satisfactory and successful administration. Florida has been virtually free from yellow fever for eight years, and what few cases have appeared have been promptly stamped out.

What more striking lesson than that presented by Florida's health record during the months of September, October and November of this year, when intercourse between the cities and towns of the neighboring States was hampered, when not totally inhibited, by local quarantines? While within this state no embargo of any description rested upon freight or passenger intercourse, and you came and went at will without even the suggestion of quarantine.

The reason is not obscure. Florida, after its experience of 1888, like the people of the whole country at this time, had its attention directed to a future invasion of the disease, and called into existence a system which its years and successes have demonstrated to be thoroughly efficient, and which has so won the confidence of the people that it has been enabled throughout the exigencies of the past summer to at once allay apprehension and suppress excitement.

To the student of the matter, Florida's part in the yellow fever history of this year evidences not only the capacity of our health officials, but the wisdom of our system, and arouses a desire for a similar condition in other states.

Should a co-operative and contributory system, as suggested, ripen into proper legislation, those in charge should be well qualified to take into consideration your inquiry as to the best means of preventing a recurrence of the epidemic, and at the same time minimizing the embargoes of commerce.

Very truly yours,

W. D. BLOXHAM.

NEWS NOTES AND COMMENTS

The Noble County Society is the first in this district to send her contribution to the Rush monument fund. The amount was \$25.00. If all the societies in the State do as well, Indiana need not be ashamed of her contribution to the fund.

The fifth annual meeting of the American Medical Publishers' Association will be held in Denver, on Monday, June 6, 1898 (the day preceding the meeting of the American Medical Association). Editors and publishers, as well as every one interested in Medical Journalism, are cordially invited to attend and participate in the deliberations. Several very excellent papers are already assured, but more are desired. In order to secure a place on the program, contributors should send titles of their papers at once to the Secretary,

CHAS. WOOD FASSETT,
St. Joseph, Mo.

On December 27th the St. Louis Laryngological and Otological Society was formed, composed of those physicians of St. Louis who limit their practice to the treatment of diseases of the nose, throat and ear. Dr. J. C. Mulhalo was elected president; Dr. J. B. Shapleigh, vice-president; Dr. F. M. Rumbold, secretary, and Dr. A. S. Barnes, Jr., treasurer, for the year 1898. Meetings will be held monthly, and it is expected that the scientific programs furnished will be highly interesting and instructive. While the membership is limited, the privilege of inviting professional friends is reserved to each member.

Through an advance sheet of the *Columbus Medical Journal* we learn that Dr. R. Harvey Reed has accepted the position of superintendent and surgeon, in charge of the Wyoming General Hospital, located at Rock Springs, Wyoming, which carries with it numerous

perquisites and several other remunerative positions. In consequence of this intended change of residence, Dr. Reed has tendered his resignation as editor of the *Columbus Medical Journal*, a position which he has filled with credit for many years. Dr. J. E. Brown has been elected to the position thus made vacant, and under his management, with the assistance of an able corps of collaborators, the journal will continue as usual.

Dr. W. Golden Mortimer, of New York, is sending out letters to the medical profession throughout the United States, asking for co-operation in following out a matter of physiological importance as pertaining to the properties of erythroxylo-coca. Dr. Mortimer believes that in coca we have a remedy which is a force sustaining food, and to that end he is carrying out a series of experiments touching upon this point and will eventually publish a work that will aim to set forth the physiological and therapeutic properties of the drug, giving special reference to its value in sustaining nerve force. The medical profession are provided with blanks, upon which are questions upon the use of coca, which are to be answered in full and returned to Dr. Mortimer for compilation.

Last winter a man presented himself at the New York Ophthalmic Hospital and asked that an operation for cataract be performed, stating he was very poor. The hospital is partly supported by charity. In view of the man's statement, that he was unable to pay much, the physician in charge reduced the usual \$15 per week to \$5 per week for board and attendance. The man was admitted and stayed several weeks. It was then learned that he was senior member of a large wholesale grocery firm, and was worth about \$150,000. The hospital, therefore, presented a bill for \$200, the full rates; the man refused to pay; the hospital sued and received a verdict for the amount. Such vigorous treatment applied to a few of the many similar cases constantly occurring would have a beneficial influence upon the community.—*Medical News*.

The forty-second semi-annual meeting of the Delaware District Medical Society was held at Hartford City, on Tuesday, December 21st, under the presidency of Dr. B. S. Hunt, of Winchester. The principal paper of the meeting was the address upon Genito-Urinary

Surgery by Prof. Bayard Holmes, of Chicago. This paper, carefully prepared after Dr. Holmes usual manner, was worthy of more extended circulation than it will receive at the hands of the society. It dealt with the advances in this important field, and carefully reviewed the recent discoveries in the pathology of genito-urinary diseases. Several other interesting papers were presented and discussed before the society. The Blackford County Medical Society entertained the visitors in a sumptuous manner, and those who were fortunate enough to attend the meeting were well repaid.

Rarely do we read accounts of physicians being held up by highway robbers, and in all probability this is accounted for by the fact that robbers are looking for better prey, and with keen discrimination are able to detect or single out the class of people who are possessed of enough of this world's goods to make them profitable prey for the ordinary thug or highwayman. It would appear that Dr. Harold N. Moyer, of Chicago, the accomplished editor of "*Medicine*," had acquired an unusual amount of the substance which highwaymen are usually looking for, or had unconsciously, through his general appearance, conveyed the idea that his pockets might be well lined, for according to recent newspaper reports we learn that while returning to his residence early one evening during December he was attacked by highwaymen, and in resisting the assault was severely injured, principally by a revolver shot, which pierced the thigh, disabling him to such an extent that he is confined to his home. It is fortunate that the doctor escaped without further injury. Just how much booty was obtained is not known, though we understand that the doctor put up a very plucky fight and succeeded in not only escaping with his life, but with what other valuables he had in his possession at the time of the attack. Dr. Moyer has the sympathy of a host of friends who wish for him an early recovery, and hope that he will not again meet with a like experience.

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MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.,

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

EMBOLISM OF THE SUPERIOR MESENTERIC ARTERY.—The symptoms in the following case recorded by Dr. Karcher, of Basle, and published in the *Journal des Praticiens* of Oct. 23rd, 1897, are very characteristic of embolism of the superior mesenteric artery. A woman, aged forty-one years, with mitral obstruction, dilated heart, and failing circulation, entered a hospital. She improved under rest and digitalis. But on the evening of the third day she was suddenly seized with violent abdominal pain below and to the left of the umbilicus, and a little later with pain in the left leg. At the same time bloody motions came on. There were cyanosis and dyspnoea; and the pulse was almost imperceptible; the extremities were cold and covered with clammy perspiration; and the temperature was 35.6 C. However, she revived after injections of caffeine and camphorated oil. On the following days the abdomen remained tender, but no ascites was present. Gangrene of the left leg occurred, the leg being amputated at the end of five weeks. The popliteal artery was found to be blocked by a thrombus. After eight days the patient succumbed to progressive failure of the circulation. At the necropsy the heart was found to be very dilated with thrombosis of the left auricle, mitral of obstruction and insufficiency, aortic obstruction, and tricuspid insufficiency. There were infarcts in the lungs, kidneys, spleen and liver. At its origin the mesenteric artery was obstructed by a thrombus with a ramification in a pancreaticoduodenal artery. In the middle the thrombus was softened and sup-

purating, and communicated by a perforation in the vascular wall with a large pancreatic abscess. Probably the ischaemic pancreas had been infected from the intestine. The survival of the patient for almost two months is exceptional; cases of embolism of the superior mesenteric usually succumb in a few days.

BRAIN DESUETUDE.—Speaking at Selkirk on the 8th instant, Sir James Chrichton-Browne dwelt on the dangers to health involved in indolence and disuse of the brain. The medical profession, he said, adapting itself to the needs of the times, had felt it incumbent upon it during the last decade to insist mainly on the evils of misuse of the brain, on the excessive strain not seldom imposed on it in these days in the fierce struggle of the race to be rich, and more especially on the over-pressure imposed on it in the name of education when in an immature state, but they were not less keenly alive to the correlative evils of the disuse of the brain. Elderly persons who gave up business and professional men who laid aside their avocations without having other interests or pursuits to which to turn were in many cases plunged in despondency or hurried into premature dotage. He did not know any surer way of inducing premature mental decay than for a man of active habits to retire and to do nothing when just past the zenith of life and, on the other hand, he did not know any surer way of enjoying a green old age than to keep on working at something till the close. It had been said that one of the rewards of philosophy was length of days, and a striking list might be presented of men distinguished for their intellectual labors which they had never laid aside, who had far exceeded the allotted span of human life. Galileo lived to seventy-eight, Newton to eighty-five, Franklin to eighty-five, Buffon to eighty, Farrady to seventy-six, and Brewster to eighty-four years. Sir James Crichton-Browne drew special attention to the great age generally attained by our judges. Our judges were, he said, men who could never fall into routine, but were called upon, as long as they held office, for mental effort in considering and deciding on the new points and cases which were constantly submitted to them. For the most part they had at one period of their lives undergone some over-strain in the active practice of an exacting profession, and yet they lived to a ripe old age, and were, he believed notwithstanding the jokes and jibes of hungry aspirants at the bar, more exempt from dotage than any

other class of the community. The sustained brain-friction in their case kept that organ bright and polished. These facts, he thought, ought to inspire us with some doubt as to the wisdom of the compulsory retirement and pension regime under which we lived. He had known several cases of mental disease induced solely by enforced idleness in men turned out of the public service, and more particularly the army, in conformity with a fixed rule, while still in the prime of life and capable of useful work. On entering public service a man had to ascend by graduated steps of increasing work a responsibility. Was it not possible to arrange graduated steps of diminishing work and responsibility by which he might descend on leaving it? Much waste and wretchedness might thus be saved. The physiological notion of life was not cruel over pressure at the beginning, penal servitude in the middle, and silly superannuation at the end, but the timely, continuous, orderly, well-balanced exercise of all the functions and faculties with which the being is endowed.—(*The Lancet*).

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED. J. HODGES, B. S., M. D.,

Professor of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

TO REMOVE PLASTER OF PARIS SPLINTS.—The use of vinegar will soften plaster of Paris splints so that they may be easily cut with a knife or a pair of scissors. Either vinegar or sugar will quickly remove plaster from the hands. P.

ANTI-STREPTOCOCCUS SERUM.—Dr. C. P. Thomas, of Spokane, reports (*Jour. of Am. Med. Assn.*) eight cases of septic infection of various forms treated with anti-streptococcus serum in all of which recovery ensued. Most, but not all, were operative cases. P.

TREATMENT OF NEVUS.—Dr. Robt. Abbe, professor of surgery in the New York Polyclinic, says of nevus that the best treatment con-

sists in the use of an ordinary large cambric needle or hat-pin, heated to red heat, and then plunged into the tissues of the nevus at a black heat. The insertion of the needle at a black heat has much to do with securing a good result. Punctures should be made in this way all over the tumor. There is no bleeding whatever, and the case is usually cured in three or four operations.—*Am. Jour. of Surg. and Gynecol.*

TREATMENT OF PUERPERAL SEPSIS.—Dr. Cowles, (*Jour. Am. Med. Assn.*) speaks highly of injections hypodermically of beechwood creasote in puerperal sepsis.

He uses 20 minim doses of a solution made of equal parts of pure beechwood creasote and sterilized camphorated oil. Frank of Cologne was the first to recommend creasote in these cases. P.

VAGINAL ROUTE IN OPERATING FOR RUPTURED TUBAL PREGNANCY.—Dr. J. Wesley Bovee, of Washington, D. C., in concluding an article on the above subject (*Jour. of the Am. Med. Assn.*, Dec. 25, 1897) says:

1. That the vaginal route is preferable for operation for ruptured tubal pregnancy, when the hemorrhage has ceased or is slow, the escaped blood limited to the pelvic excavation, and especially if a limiting diaphragm has formed above it.
 2. That the vaginal route is freer from shock, is less liable to permit infection, and furnishes better drainage.
 3. That there is less liability to the removal of the adnexa, than when the abdomen is opened.
 4. That the period of convalescence is shorter and devoid of many of the usual complications of abdominal section. P.
-

TREATMENT OF SHOCK.—Dr. Thomas Leidy Rhoads in a recent paper (*Therapeutic Gazette*, Oct. 15; 1897) on the treatment of shock, sums up as follows:

1. Prophylaxis before and during the operation.
2. Wrap the patient in a warm blanket and apply hot water bottles or hot bricks and a hot-air apparatus.
3. Lower the head and shoulders.
4. Apply sinapisms to the precordium.

5. If severe shock, perform hypodermoclysis; if alarming, perform saline transfusion.
6. Give an enema of six ounces of strong, hot coffee.
7. Massage the abdomen and apply an abdominal compress.
8. Elevate the limbs, surround them with cotton-wool, and bandage.
9. Administer hypodermic injections of liquor ammoniae aromaticus in 1-2 drachm doses every fifteen minutes, and atropine sulphate, 1-100 grain, every half-hour, until reaction sets in. P.

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

ANTISTREPTOCOCCUS SERUM.—Dr. C. P. Thomas, contributes his experience with antistreptococcus serum to the *Jour. Am. Med. Assn.*, Dec. 18, 1897, which consisted of eight cases of apparently severe streptococcus infection treated with the serum, all of which recovered. One case only followed labor and resisted the usual means, i. e. curettment, irrigation etc., but was promptly cured by several daily injections of 10 c. c. each.

VAN ARSDALE'S TRIANGULAR SPLINT IN FRACTURE OF THE FEMUR IN CHILDREN UNDER SIX YEARS.—The *Jour. Am. Med. Assn.*, published an article with the above title, by A. Ernest Gallant, M. D., which was read before the section on diseases of children of the American Medical Association.

Van Arsdale's splint is made of thick straw—or binders—board. The uninjured thigh is measured from the middle of groin to the end of the femur; then the figure of a spade (as seen on playing cards) is drawn on the card board; before the apex is quite reached it joins with the apex of another spade exactly alike. The length of the spades are just the length of the thigh and the length of the handles are just the length of the thigh. After the drawings are cut out the handles are overlapped and the result is a triangular splint; the edges of the spades are

flanged to adapt themselves to the thigh and abdomen, and the thigh is dressed flexed on the abdomen to fit the splint.

The following advantages are claimed for this dressing:

1. Overlapping is prevented by the flexed position of the thigh, relaxing the muscles.

2. The fragments are held in perfect apposition owing to the nice adjustment of the splint to the thigh, and complete immobilization in whatever position the child may be in.

3. Frequent readjustment is unnecessary, as the dressing is not soiled by the excretions, nor are chafing and dermatitis met with.

4. Complications due to confinement in bed in the dorsal decubitus, such as hypostatic pneumonia and vulvovaginitis are avoided and the liability to concurrent disease prevented.

5. Loss of flesh and strength does not occur, as the child is well and happy; it can nurse at the breast, sit on a chair, play on the floor, even learns to crawl about, sleep on either side, in fact lives a perfectly natural life with the one exception, inability to walk.

6. Under these conditions we are justified in expecting rapid, firm consolidation in three weeks without shortening, and non-union will be rarely if ever met with.

7. For older children and adults the triangle can be strengthened by the use of plaster-of-paris, the flexed position of the limb being the best for maintaining the fragments in apposition, the most comfortable for sitting or lying and other necessary functions, and the most convenient for getting about on crutches.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

USE OF STRONG SOLUTIONS OF NITRATE OF SILVER IN GONORRHEAL OPHTHALMIA:—Dr. Mellville Black, in a recent number of the *Ophthalmic Record*, says that he is inclined to think too many ophthalmologists are afraid of strong solutions of nitrate of silver, whereas if the reverse were true and solutions of silver from forty to

eighty grains to the ounce were intelligently used early in gonorrheal ophthalmia, we should not have to look farther for another abortive agent. The applications should be made to the everted lids and allowed to remain sufficiently long to obtain a well established caustic effect, when further effect is prevented by flushing the membrane with a salt solution. Carefully and intelligently used no harm results, and the disease if not aborted is very much shortened in duration.

SARCOMA OF THE NOSE.—Five cases of sarcoma of the nose, all of which occurred in the course of a single year in the clinic of Prof. Massei, of Naples, are reported in the *Archiv. Ital. di Laryng.*, No. 3, 1897. The tumors were of moderate size, most of them being attached to the turbinates by means of pedicles. It is thought that these tumors usually result from a sarcomatous transformation of a pre-existing benign tumor. The prognosis is less grave than that of sarcomata of other regions though relapses occur almost always.

TOBACCO AMBLYOPIA IN HORSES.—At the October meeting of the section on ophthalmology of the College of Physicians, of Philadelphia, Dr. De Schweinitz read a paper upon the above topic, exhibiting slides that had been prepared from the optic nerve of a horse, which had become blind owing, it was supposed, to the consumption of some plant, probably the Australian tobacco plant. The specimens presented the appearance of disease which is characteristic of the nerve bundles that are affected by fibrosis following the toxic effect of tobacco. The condition may be described as one of progressing fibrosis, with some degeneration of the nerve fibers.

OILED COTTON TAMPONS TO CHECK EPISTAXIS.—Dr. T. M. Baird, in the *Journal of the American Medical Association*, reports the case of a patient, male, aged 26, who was taken with a sudden, severe epistaxis, supposedly caused by a large polypus in the affected naris. The nose was plugged anteriorly and posteriorly with cotton, and in addition to the mechanical plugging Monsel's solution, antipyrine tannin and other styptics were applied without success. It was finally decided to try an oil on the cotton to prevent the oozing of blood through the cotton. In accordance with this suggestion new plugs, previously saturated in liquid alblin, were applied posteriorly and

anteriorly with the result of completely checking the hemorrhage. The author notes that little or no mention is made of such a technique in any of the text books. By saturating the tampons with liquid vaseline, alboline, or any light oil, the blood is effectually prevented from oozing through the cotton.

PILOCARPINE IN CHORIO-RETINITIS.—The December number of the *Ophthalmic Record*, gives a resume of the experience of Dr. Hansell in two well marked cases of chorio-retinitis, in which pilocarpine was administered with marked success. In the first case vision had fallen to twenty-two-hundredths, and had not been improved by large doses of potassium iodide and mercury. The patient received daily, or on alternating days, according to its effect upon the heart's action, one-twelfth to one-eighth grain. In four weeks the vision was restored to twenty-twentieths.

In the second case vision had fallen to twenty-fiftieths and had not been improved by specific treatment. Pilocarpine administered as in the previous case brought about twenty-twentieths vision in ten days.

Dr. Hansell recommends that pilocarpine be given a trial in treatment of chorio-retinal inflammations, particularly in the acute form, and of opacities of the vitreous frequently associated with choroidal disease.

TREATMENT OF SUPPURATION OF THE EAR.—Dr. Norval H. Pierce, at the November meeting of the Chicago Ophthalmological Society, presented his views upon the treatment of suppuration of the middle ear. He said that he had come to believe from experience that many cases of catarrhal inflammation of the ear assume a suppurative or chronic form because of ill advised treatment. One of the most prevalent errors is the empirical and illogical use of ear drops, douches and inflations. He thought that if there was any one factor which tends to perpetuate a suppurative ear disease, it is lack of drainage or retention of discharge. At his clinics he rarely uses injections or douches. The ears are cleansed by carefully swabbing away the secretion by means of sterilized cotton pledgets. The external auditory canal is then packed with a strip of sterilized gauze, care being taken that it barely touches the membrane. This wicking facilitates drainage and can be changed as often as desired. If

the discharge continues after a month's treatment by the method described, the author resorts to operative interference, providing there is no indication of polypoid inflammation or caries.

CLINICAL TESTS NOSOPHEN.—Dr. Seth Scott Bishop, in the January number of *The Laryngoscope*, says that he has had exceptional opportunities for testing the merits of new remedies, inasmuch as he has had from six to twelve clinics a week in several institutions with the co-operation of from seven to eleven personal assistants. Many remedies after thorough trial have been proven either inert or worse, while others were of so slight value as to be discarded. In a few instances the observations warranted placing the remedy in the list of those that were of indisputable worth.

A substitute for iodoform had long been sought, but nearly all of the remedies that had been advocated for the purpose were found of less value than the old and well tried, though odoriferous, iodoform. Iodol and other similar compounds were disappointing. Boric acid was not applicable in many cases and produced pain in a certain proportion of patients, suffering with suppurating ears and when it was used as a dressing after mastoid operations. Nosophen, on the contrary, even under severe and rather unfair tests proved itself reliable and worthy of the greatest confidence. The remedy has no odor, is not irritating, and has decided antiseptic and healing properties. It is a very light, impalpable powder, that is easily thrown in the form of a dust over the surface to be treated. Its color is yellowish gray, and it contains nearly 62 per cent. of iodine in combination. It is not decomposed by heat up to 220 degrees C., and it is not soluble in water. However, it is readily soluble in alkalies, and when thrown on surfaces that have just been treated with alkaline sprays it is converted into the sodium salt, antinosine.

Nosophen does not act as iodoform does by liberating free iodine as it decomposes in contact with the living tissues; but contact with the alkaline fluids of the body converts the insoluble nosophen into the soluble antinosine, and no free iodine is liberated by either to produce toxic effects. The remedy may be applied to suppurating surfaces, to wounds and other abrasions of the mucous membrane, and will be found especially useful in all post-operative treatment. Dr. Bishop cites the excellent effect of packing the middle ear with nosophen gauze for suppurations and granulations, packing the

nose with the same after operations for the removal of polypi, synechia, hypertrophies, deflections and spurs of the septum, or the use of nosophen powder in similar conditions. The remedy is considered excellent for these conditions, and not in the least disappointing to the practitioner who will begin its use.

TWO CASES OF PARALYSIS OF THE LEFT VOCAL CORD OF ALCOHOLIC ORIGIN.—Dr. Dundas Grant, in the October number of the *Journal of Laryngology, Rhinology and Otology*, calls attention to the fact that the general recognition of the different forms of peripheral neuritis, especially those of toxic origin, the alcoholic being most common, is comparatively recent.

His first case was that of a clergyman, aged 40, who complained of weakness of his voice which came on suddenly at the commencement of the service. Complete immobility of the left vocal cord, both in respiration and phonation, was found. There was no evidence of aneurism, mediastinal tumor, or syphilis. He had recently suffered from sciatica in the left side, from which he had not yet recovered, and it seemed that the so-called sciatica and the paralysis of the vocal cord might be a neuritis dependent on the same cause. There were no signs of locomotor ataxia; there was no indication of lead, mercury or arsenic poisoning. The patient complained of gastric disturbance, and the fact was finally elicited that he drank at least a pint of strong stout at each meal, and in addition spent the evening in reading, and drinking brandy. Cessation of the habit resulted in complete restoration of the voice, the movements of the vocal cord becoming again normal.

The second case was practically similar, except as effecting a lady not previously suspected of alcoholic indulgence. — *Medicine*, December, 1897.

INUNCTION OF MERCURY IN TERTIARY SYPHILIS OF THE NOSE AND THROAT.—Dr. St. Clair Thomson, surgeon to the Royal Ear Hospital, London, in the January number of *The Laryngoscope*, attempts to correct some ill-formed ideas among prominent members of the medical profession regarding the correct treatment for tertiary manifestations of syphilis of the nose and throat. As generally conceded mercury is the correct treatment for the primary and secondary manifestations of syphilis, and iodide of potassium for the

tertiary. Dr. Thomson considers the tertiary manifestations which appear in the nose and throat as of serious import, and possibly the fore-runner of deeper manifestations, especially in the brain. This, then, should constitute a plea for vigorous treatment, and from an experience covering many years he has come to look upon the iodide treatment as not sufficiently efficacious to control the condition. Even where so well a known treatment as Hutchinson's pills, supplemented by the administration of iodides, has been given, not only for weeks, but months, with varying success, the improvement has been notably and suddenly increased upon the substitution of mercurial inunctions. Syphilis of the upper air passages may be considered a severe disease, and its treatment must, therefore, be heroic.

Dr. Thomson in giving iodide of potassium is accustomed to give it in the following combination:

Potassii iodidi	5 grains.
Spts. Ammon. Aromat.....	15 minims.
Tinct. gentian co—q. s ad.....	2 drachms.
Ft. dosis.	

This is given, well diluted, three times a day, and if given before meals will agree well with the patient and appears to be more effectual than larger doses are when given after food. If for any reason inunctions of mercury are not ordered, or even in addition to the inunctions in severe cases, a drachm of liquor hydrargyri perchloridi may be added to the above dose.

While in many cases this treatment rapidly relieves the symptoms, it is upon the administration of mercury by the skin that most reliance is to be placed. The prescription for inunctions is as follows: Six drachms of unguent hydrargyri are ordered to be dispensed in six separate packets of oiled paper. One packet is used at each inunction, which is given nightly, the ointment being applied to a different region each evening. The repetition of the prescription will depend upon the effect produced by the drug. To avoid soreness of the gums or stomatitis Dr. Thomson is in the habit of prescribing a gargle of chlorate of potash or other antiseptic mouth wash. Usually from twenty-five to thirty or even forty inunctions are required to cause a disappearance of the symptoms.

Dr. Thomson closes by saying that in tertiary syphilis of the nose and throat, inefficient treatment is so often fraught with deplorable and disastrous results that we should be prepared for the most energetic action, therefore he feels that inunctions of mercury should be given a leading place.

BOOK REVIEWS.

ABOUT CHILDREN.—Six Lectures given to the Nurses in the Training School of the Cleveland General Hospital in February, 1896. By Samuel W. Kelley, M. D., Professor of Diseases of Children in the Cleveland College of Physicians and Surgeons (Med. Dept. Ohio Wesleyan Univ.); Pediatricist to the Cleveland General Hospital; Consulting Physician to the Cleveland City Hospital; President, 1896 and 1897, Ohio State Pediatric Society; Editor *Cleveland Medical Gazette*. 180 pages. Price, in buckram, postpaid, \$1.25 net. Cleveland. The Medical Gazette Publishing Company, 1897.

These lectures have been dedicated "to all who care for children, or labor for their welfare." The practitioner who reads them will find, of course, nothing new, but the style is so nice and the manner of presentation so entertaining, that he does not regret the time spent. The medical student may very profitably read and ponder them. Every nurse should study them. B. VanS.

PATHOLOGICAL TECHNIQUE—A PRACTICAL MANUAL FOR THE PATHOLOGICAL LABORATORY. By Frank Burr Mallory, A. M., M. D. Assistant Professor of Pathology, Harvard University Medical School; Assistant Pathologist to the Boston City Hospital; Pathologist to the Children's Hospital and to Carney Hospital, and James Homer Wright, A. M., M. D., Director of the Laboratory of the Massachusetts General Hospital; Instructor in Pathology, Harvard University Medical School. With 105 Illustrations. Philadelphia. W. B. Saunders. Price \$2.50, net.

This book contains 397 pages, is well arranged, tersely written, printed on excellent paper with good type. It is well, but not artistically illustrated. It is divided into three parts, treating of post-mortem examinations, bacteriological examinations, and histological methods respectively. The use of heavy headed type and italics to mark the headings and sub-headings, makes the book a very handy

one for reference. Inasmuch as the book treats of a subject which is too much slighted by practitioners generally and, while it is designed particularly for the use of students, is admirably adapted to the wants of the practicing physician, we should like to see it have a large sale.

The work is not an exhaustive one, nor do the authors pretend that it is, and because of this feature its value to the practitioner and to the student is much enhanced. P.

KAREZZA.—By Alice B. Stockham, M. D. Alice B. Stockham & Co., Publishers, Chicago. 1897.

Karezza, according to the author, “signifies ‘to express affection in both words and actions.’ ”

Plainly speaking it is a word coined to define the act of copulation in which the orgasm is postponed indefinitely. Karezza is not accomplished unless the orgasm is not allowed to occur. By education the doctor states, one can enjoy the sensation of the crisis for hours at a time without ejaculation occurring. The argument is that it saves man’s vitality by saving the semen, it prevents the ills of repeated pregnancies and it is at the same time a more refined practice as it involves the union of the souls as well as the bodies. The act is not to be repeated oftener than once a month, more or less, and is to be preceded by a sort of training or coaching, consisting of the employment of endearing adjectives, carresses and any other means which may occur to the mind of those in training.

Prof. Wm. Goodell was wont to say that nature demanded and would be satisfied with nothing less than the complete act of coition and frequently referred to the neurasthenic states developed by the practice of conjugal onanism. He condemned also the various other means and appliances used to prevent conception and stated that nature could not be deprived of its legitimate perquisites for long without resenting the insult to the detriment of health and happiness.

We are familiar with a good many forms of sexual perversion, but this one of Dr. Stockham’s is new to us.

The work is sensational and should not be honored with a review.

It is this class of literature which does much harm both in and out of the profession and which furnishes the reason for the publication of such works as “Degeneration.” B. Van S.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted
in this department.

MEDICINE AND PHYSICIANS AMONG THE JEWS— FROM BIBLE, TALMUD AND ANCIENT HISTORY.*

BY RABBI JULIUS M. MAGIL,
Ligonier, Indiana.

“The Talmud is not a Rabbi, as was taught by the Monk Henricus Seynensis, neither is it a book as many think even now. It is really impossible to give an intelligent definition as to what the Talmud is. We could better ask what is it not?

“The Talmud is a work where all the science and knowledge which was developed among the Jews and their neighbors is compiled from the time of the Babylonish captivity until the sixth century. The number of compilers may, probably, be over one thousand. (It is written in Hebrew and Aramean and has many Latin and Greek words). Therefore the creators of that stupendous compendium are deserving of mention, and should be placed equally with non-Jewish scientists of that age.

“I have chosen as my subject: “Medicine and Physicians of the Talmud.” I shall also attempt to say something in this paper on the

Read before the Noble County Medical Society at Ligonier, Ind., January 4, 1898, and published in the Journal-Magazine by request of the Society.

subject found in the Bible. But what the Talmud has in store for us on the above subject will probably be more interesting to your honorable body for the present.

"The question is asked in the Talmud whether man should seek medical aid, for disease of any kind was commonly regarded as a divine infliction or denounced as a penalty for transgression. (Genesis 20, 17-18; Numbers 12, 10; I Saml. 5, 6; 6, 19). The Talmud answers here in the affirmative. (B. Kama. 85, 1. Berachoth 60, 1.) But still the Rabbis of the Talmud praise very highly King Hese-kiah, who is supposed to have burned a medical book, which was in his possession, believing that man should not depend on medical aid, but upon God only. (Pessachim 56, 1. refr. Exd. 15, 26). Another more important question is asked whether in case of sickness the Sabbath day or Day of Atonement could be violated through technical or medical aid. After a long debate the Talmud answers here also in the affirmative. (Jomah 83, 1. Sabbath 133, 1).

"During the period now under consideration the healing art and the dietary laws were considered of great importance, as was also the medical decision upon judicial questions relative to sexual and marriage relations.

"The Talmud is very rich with mention of many remedies for sickness. We find in it numerous diseases mentioned and the medicines and the methods of treatment are plainly and often intelligibly set forth. But the question arises whether these medicines and methods are of any value to us now, since medicine has made such wonderful progress in this 19th century!

"As long as Plinius has written down in his *Historia Naturalis*, especially in the medical chapters, so much of nonsense which is translated almost in every living language, I think it is worth while to know a little about what the Talmud has to say on this subject. We find more light on the subject in the Talmud than in the natural history of Plinius. The Talmud, for instance, speaks a number of times of such diseases as can only be cured through skillful surgery. Pliny has nothing to say on this subject. The surgery of the Talmud includes a knowledge of dislocation of the thigh bone, contusions of the skull, perforation of the lungs, oesophagus, stomach or intestines, wounds of spinal cord, fractures of the ribs, windpipe, etc.

"The physicians of the Talmud have never used any of the superstitious sayings when attending medically to the sick. But Pliny advises such treatment, and many Christians even to-day are

following this superstitious belief and seek relief through some 'holy saying' or 'faith cure.' Indeed, we are glad to see that the physicians of the Talmud were not people who put their trust in superstition. Those physicians, of course, were not like our physicians now. They were mostly Rabbis, and besides they had to work to make a living for their families and for themselves and earn their bread from other sources. Many of them were day laborers, tanners, shoemakers and woodchoppers. They worked very hard mentally and physically. But the greatest wonder is that they found time to become famous physicians in the early centuries, as described in Talmud and ancient and modern history.

"Let us look back for a moment, and search the origin of medicine or healing art. In the dread of antiquity man was taught that God only heals the sick and wounded (Exd. 15, 26.), and the annointed priests, who ministered in the sanctuary, knew the healing art. But we find that about 3,000 years ago the Egyptians were acquainted with the practice of the healing art. The Egyptians possessed the art of embalming dead bodies (Gens. 50, 2). From this, no doubt, the knowledge of anatomy must have been known to them, and some seats of diseases in the body. For, every Egyptian mummy of the more expensive and elaborate sort involved a process of anatomy, and medicine in Egypt was a mere art of profession. From some of the monuments of Beni-Hassan, we have some names of early Egyptians who were skillful surgeons, and that they claimed the invention of the healing art is asserted by Pliny (7. 57.). The reputation they had was such that both Cyrus and Darius sent to Egypt for physicians or surgeons.

"We are informed that the Israelites were for several hundred years in Egypt and, no doubt, they must have interchanged their knowledge and science in every branch. We know that they had their midwives and practiced the healing art (Ex. 1, 15). And at a period when Jewish intercourse with Egypt was complete and reciprocal, there existed in Alexandria a great zeal for anatomical study.

"So do we also find in Greece a familiarity with the practice of medicine which came, no doubt, from Egypt. From the Asklepiadae temples of Greece, which were erected in the healthiest parts of Greece, medicine and medical science was introduced into Rome about 300 B. C.

"Moses seems to have had great knowledge of medicine. In the

book of Leviticus we find his three cardinal principles which regulate the management of contagious diseases by the science of to-day, namely, careful differentiation, isolation and disinfection. The teachings of Moses in regard to disease rest upon a basis which is the underlying principle in the preservation of health (Lev. 13, 3-20). Moses speaks of diseases, the names of which are derived from various words, signifying to burn or to be hot (Lev. 26, 16; Deut, 28, 22). He also mentions some as 'scab' and 'scurvy' (Lev. 21, 20; 22, 22; Deut. 23, 27). And the many diseases are mentioned in the Bible as ordinary calamities. Ophthalmia is spoken of in Gens. 29, 17. This is perhaps more common in Syria and Egypt than anywhere else. I learn that in the fig season, the juice of the newly ripe fruit has the power to bring this disease and may bring blindness (II. Kings 6, 18). Palpitation of the heart is also mentioned (Deut, 28, 65. Gens. 45. 26.). Sunstroke may have been the case with the son of the Shunammite (2 Kings 4, 19). Oedema or podagra (swelling or gout) was the disease of Ashah's feet (1 King 15, 23; 2 Chr. 16, 12). Those who imitate the howling of a wolf or dog have a melancholy attack known as Lycanthropia; and this was Nebuchadnezzar's disease (Dan 4, 33.). Music seems to have soothed the melancholy of King Saul, but only for a short time. Chemical knowledge was not foreign to Moses. The calcination of the gold by Moses; the effect of 'vinegar upon natrum' could be seen in Exd. 32, 20. Frequently the Bible mentions 'apothecary' and speaks of merchants in 'powders' and 'many medicines.'

"Moses imparted his medical knowledge to the priests whom he had anointed. They, it seems, were always ready to decide upon the true nature of the different diseases. They knew how to go to work in such cases. But it seems to me that it was not their duty to act as physicians, but merely counsellors of the board of health. This seems to have been their position in regard to medicine. Not only priest and prophet, but every one could have practiced the healing art, 'physicians' and 'healing' is spoken of in the Bible as done by other than priests or prophets. King Solomon seems to have included in his favorite natural history some knowledge of the medicinal uses of creatures. From many selections in Prov. and Eccles. we learn of his medical treatment.

"The healing art must have been taught in the prophetic schools which were organized by Samuel. Some of the prophets were acquainted with and even *practiced* medicine. It seems that they pos-

sessed more knowledge in the healing art than the priests. But as soon as the prophets disappeared we do not find for a long time any medical function mentioned in Jewish literature except the disease of the King Antiochus, which is mentioned in 2 Macc. and was a boil breeding worm. But shortly before the Christian era it seems that that prophetic school was re-established among the Essenes sect. This sect which was distinguished through its purity and divine communion—the object of its aspiration, had also cultivated medicine, but did not practice it by giving the patient any remedy, but tried to heal them physically viz: through some ‘holy sayings’ or laying on of hands, etc.

“After the temple lay in ashes, Rabbinical schools were organized in Jamni, Nehardea, Pumbeditha, Tiberias, etc., for the preservation of the law in which all the sciences of the day were taught, among which the healing art was very earnestly cultivated and the foundation laid of what is known as medicine of the Talmud. In the first period of the Talmud (70-220), we do not find frequent mention concerning sickness or physicians. We find them mentioned very frequently between the years 220-360. Here we not only find a great number of names of physicians, but also the names of remedies are very frequently given. But right here we must ask a most important question: Whence did the Jewish physicians, (mentioned in the Talmud) take their medical knowledge? The execution of the physicians and schools of Greece with their imperfect theories, systems and hypotheses seems to have been strange to the Doctors of the Talmud. Because, there is nothing mentioned in the Talmud concerning the hippocratic, (460 B. C.) diagnostic or semiotic, nor the so-called ‘Pneumatic’ (69, A. D.) or the four elements on sap of the dogmatist. Neither do we find anything mentioned, in the Talmud, about the tenets of Aristotle concerning his views on physiology or pathology. Even the Grecian physicians living in the Roman Empire (320 B. C.) and especially the far-famed ‘Galen’ (130. A. D.) seems to have been strange to them and entirely unknown.

“Medical knowledge dilapidated among the after-Galenic physicians of the Roman Empire on account of their superstitions and empirical practice. It seems that they did not make any use of Galen’s 500 medical works. The remedies which they used, consisted of a number of some recommended healing materials as well as many superstitious and nonsensical sayings and performances. As anything was acceptable, they not only used every imaginable

kind of dirt and filthy materials as remedies, but as I have said, they resorted to all kinds of superstitious sayings, magic names, amulets and incantations to heal the sick and wounded.

"Now, as the Jews came constantly together with the Romans, we ask again the question who were the teachers and who the pupils in this school of medical treatment and practice?

"We are also told that the physicians of the Talmud learned the healing art and were instructed by Persian magicians. From the information we receive from Pliny, we come to the conclusion, that the healing art among the Persian priests was based upon a superstitious and ignorant belief of the Persian people in the so-called empiricism. But we are informed in the Talmud (Sabb. 75, 1.) that the Babylonian Jews were persecuted by the Persians for nothing else, simply because they were Jews. The Jews then adopted a rule and proclaimed that it was a sin to adopt or learn the least from the Persians. Whether this declaration was meant about their astrological knowledge or medical knowledge is not positively known. At all events it seems that the great Talmudical scholar and physician, Doctor Samuel was in favor of the first, because he stood in great friendship with Magir Ablat, who was a great astrologer. So it seems that the Jews never adopted the knowledge of the healing art from the Persians.

"Having spoken so far about the healing art of the Bible, of ancient history and of the Talmud, we come now to the subject of physicians of the Talmud. As I said before, the physicians mentioned in the Talmud have not all devoted their time to the study of medicine. Through the great study and love of the Torah, to which they had consecrated their whole life and strength, some of the Rabbis found some spare time for the study of the healing art. The Rabbis say: "Honor a physician with the honor due unto him, for the uses which ye may have of him; for the Lord hath created him." But there are not very many who observe this passage, especially in this country, where very little honor is shown to a person of any profession.

"We are informed in the Talmud that besides the regular physicians there were also special surgeons and they were titled as 'artists' in their art of surgery. As Galen, after healing the peripatetic philosopher, Eudemus, earned the titles of 'Paradoxologus,' (the wonder-speaker) and 'Paradoxopoes' (the wonder-worker) so did the Jewish surgeons receive the title 'artists' after some successful operation. Circumcision and bloodletting were specialties among the sur-

geons. From this we understand that there were specialists of surgeons and physicians.

“Surgical instruments are more frequently mentioned in the Bible than in the Talmud. The Egyptians used flint knives for embalming. Dentists have noticed at the opening of some mummy that the teeth exhibited a dentistry not inferior in execution to the work of the best modern experts with the latest instruments. A cutting instrument, supposed to be a ‘sharp stone’ or ‘Ethiopic stone’ is mentioned as used for circumcision (Ex. 4, 25). The ‘knife’ for the same purpose, mentioned in Josh. 5, 2, was probably a more refined and better instrument. Another surgical instrument must have been the ‘awl,’ which was used to bore through the ear of the bondman, who refused release (Ex. 21, 6). The ‘roller to bind,’ which is mentioned in Ezekiel 30, 21, was no doubt for a broken limb as, probably still in use. When Job was smitten with sore boils, we are told that he took an instrument and ‘potsherd to scrape himself,’ the name of the instrument being strange to us. The physicians of the Talmud used a very sharp knife when circumcising. That is, what we are informed frequently in the Talmud.

“Many physicians of the Talmud were not of great reputation, on account of women who also practiced the healing art. But in case of judicial or ritual questions the male physicians were called to give their opinion about the case.

“The physicians of the Talmud, regarded fever as nature’s effort to expel mortific matter. For nausea they recommended an emetic as the best remedy and in many cases physicians prescribe the same to-day. Cases of induration of the lungs, tuberculosis they always regarded as incurable. Suppuration of the spinal cord was equally as grave. They taught that a sudden change in diet was injurious, even if the quality brought by the change were better. As the best thing which they recommend, is milk fresh from the udder. Hydrophobia was known to the doctors of the Talmud. Thus they describe the case: His mouth is open, the saliva issues from his mouth, his ears droop, his tail hangs between his legs, he runs sideways, and the dogs bark at him; others say that he barks himself and that his voice is very weak. Those Jewish physicians tell us that no man has appeared who could say that he has seen a man live who was bitten by a mad dog. And so they speak of a great number similar cases, which clearly shows that they were acquainted with medical science as well.

"I think it would be of some interest to your honorable body if I mention a few physicians and their prescriptions as found in the Talmud. Even if we find not much help for medicine of to-day, still it gives us some idea about the physicians and their sentiments and practice in that early age.

"But, before we proceed on the subject, we must make the statement that medicine was more scientifically practiced among the physicians of the Talmud than those of whom the Bible speaks, for in biblical times the patient was treated by the priests and prophets with external remedies only. Their remedies consisted of the unction and rubbing of pure oil and sometimes a carefully prepared balm (Isa 1, 6; Jer. 51, 8). Figs were also prepared as a remedy, but given externally. We do not find any mention in the Bible, where internal remedies were given to a patient, but the physicians of the Talmud made frequent use of internal remedies.

"We are told in the Talmud (Shekalim 5, 1.) that the priests who ministered in the temple barefooted, on the cold marble floor, were often subject to enteritis, and for that reason there was a special physician engaged to heal this disease. The first of these physicians, who is mentioned in the Talmud as Ben Achijah, lived about 115 B. C. He no doubt was a specialist in that particular disease. A physician, who is recorded as having been a great warrior was Dr. Joseph, of Gamla, in Galilee. He lived 60 A. D. Nothing seems to be known about his practice as a physician. We are informed of a physician living in Modin, a village, between Joppa and Jerusalem, where the Maccabees resided, with the name Tobis. More of his astronomical science is known to us than his medicine. (Rosh Hashonoh 22, 1.) One of the apostles is recorded in the Talmud as having been a physician, with the name Jacob (probably James, the brother of John) of the village Sicyon. To make himself famous he desired to heal the nephew of the patriarch, Rabbi Jshmael, who was bitten by a snake, but his treatments were contrary to most of the physicians and therefore he was not permitted to treat the case. He went about to heal the sick and wounded as Jesus did, through holy sayings, physical and sympathetic treatments. In Laodicea there lived a physician, Toedus by name. He was educated in Alexandria, Egypt, about 100 A. D. His biography is unknown, and about his practice very little is spoken in the Talmud. We are told that a cow, whose matrice was extirpated he declared could live. For cows that were exported from Egypt had

to undergo such an operation, to prevent the propagation of the breed. It seems that was his reason for declaring such an operation not dangerous. (Berachoth 81, 2). A great oculist and accoucheur was Rab. This physician was born in 180 A. D. He practiced in Palestina and was also highly honored for his great knowledge of astronomy. As early as 185 A. D. Chaninah, of Sephuri, inserted natural and wooden teeth. He was known as a great Talmudical scholar, and the great honor of president of a college was conferred upon him after the death of Rabbi Jehudah Hanassi, but he respectfully declined the great honor.

"He is known to have been good looking and healthy. In his eightieth year he still was able to stand on one foot until he opened and removed the sandal of the other foot. He was always in the habit of giving the advice that washing with a warm cloth and rubbing thoroughly with oil while young would do every person good, and that they would derive the benefits of it in old age. He is known as the pioneer of distinguished early physicians.

"One of the greatly respected Jewish physicians and a man of great learning was Samuel. He is also called Samuel the astronomer, for he was a great astronomical scholar of and lived about the same time as the above mentioned Rabbi Chaninah. He is also known as a successful oculist and anatomist. He was the special physician of the great Rabbi Jehudah Hanassi, and in a most skillful way he cured his diseased eyes. *Aqua distellato* was the best eye remedy to him. He says: Wash your eyes every morning with cold water and evenings your hands and feet with warm water, for this is the best ophthalmic medicine. As a hygienic remedy for sore eyes he recommends especially fresh fish. His oetiology is quite different from the others in his age. He thinks that the origin of all kinds of diseases is mostly the changeable atmosphere. His chief remedy seems to have been the Diaphoresis and he prescribes warm baths and the drinking of hot water, because the exhalation of the warm water brings the perspiration from the body. Other of his hygienic advices are that we shall not eat unripe dates, not put on any damp underwear, that we should take a long walk after supper or before going to bed, and that we rest a while after dinner. He believed that every person ought to observe this:

"After dinner rest a while

After supper walk a mile."

He procured the skeleton of the body of a lewd woman by

the process of boiling. He gives the number of bones at 252, instead of 232. This seems to be a very remarkable piece of anatomy. Dr. Samuel thought that he could heal almost any kind of sickness, but never if a person did not obey his suggestions. He is also known to have discovered a kind of balm, which, as he says, could heal any wound. The name of this remedy is not known.

"About 340 A. D., there lived in Mechassia a physician, Benjamin by name. He was a follower of the Essenite sect. Some of them were still to be found as late as the 4th century. They lived in India and Egypt. Benjamin is spoken of in the Talmud as an Aramaic physician. He thought every prepared fluid very dangerous to the ear, except that which is carefully prepared from the kidneys of a sheep. In the same period was also Jacob, who became a follower of Manichaeism (a system which belongs to the Semitic group of religion. See Kessler's works). He was frequently consulted by the Jews for medical aid and he is known to have prepared a most refreshing antidote for Rabbi Abuha, who was one of the great Rabbis of the Talmud, and was perfectly cured by the remedy. A physician who seems to have adopted the healing art from Persian and Roman physicians was one Abajai by name. He died 350 A. D. A prominent physician was Rabbi Cahana, 415 A. D. We are told that he healed a patient who had jaundice by simply wrapping him carefully in a heavy shawl. The patient then perspired and was perfectly cured. One of the last followers of Hillel was the great patriarch, Gameliel the third. He died about 470 A. D. He was a great physician and is known as having discovered a remedy for spleen. The body-physician of King Theodosius, Dr. Marcellus Empiricus, speaks thus of Gameliel: *Ad Splenem remedium singulare, quod de experimentis Gamlielus patriarchus proxime ostendit. (Medicamentis Empiricus, Physicis lib. 21)*. Emperor Theodosius conferred great honors upon Gameliel, who was always greatly respected and honored at the Roman court.

"I shall now mention the last physician in my paper. This is Abba Unna. He is the wonder physician in Talmud and history. He was a specialist of bloodletting and was as much celebrated for his piety and humanity as for his medical skill. He made no distinction between rich and poor, and was particularly attentive to learned men, from whom he never would accept the least reward for his professional services, considering them as a sort of fellow-laborers, whose functions were still more important than his own since

they were destined to cure the diseases of the mind. Unwilling to deter people from profiting by his medical knowledge, yet not wishing to put any one to blush for the smallness of the fee they might be able to give, he had a box fixed in his ante-chamber, into which the patients threw such sums as they thought proper. But the most noble trait in this doctor's character was that he never accepted any remuneration from the poor, and even provided them with everything that could, during their illness, contribute to their comfort; and when he had, by his skill and assiduity, restored them to health, he would give them money and say: 'Now, my friends, go and purchase bread and meat; these are the best and only medicine you require.'

HYPNOTISM, ET AL.

BY T. A. LANCASTER, M. D.
North Manchester, Indiana.

Since man's brain is a highly wrought, complex organism, evolving by cell action a force called nervous force, not altogether unlike electric force in its genesis, mode of action, and correlated phenomena, is it unreasonable to assume or to assert that one brain can and does modify the functionation of another brain, and that too in a predeterminable and definite manner? "No man liveth unto himself." And while a man is not always "his brother's keeper" he is oftentimes his brother's (conscious or unconscious) director and modifier. That special condition of the brain known as the hypnotic state; that desirable condition where rebellion ceases and cheerful obedience ensues; where a "special receptivity to suggestion" is found is but illy understood, so far as the anatomical or physiological changes which ensue in the brain, while under that condition, are concerned; but so far as the application of this therapeutic measure and the manner of its employment are concerned, it is gratifying to observe an increasing approximation to unanimity of opinion and a greatly extended field of usefulness. The direction of nervous energy to or from a certain organ or part of the body by sheer force of will power or by the suggestion of a second party, results in a change in the functional activity of that organ or part, the nature and extent of that change depending upon the degree of intensity in the nervous current. The ability to influence a second party by suggestion has been recognized for ages, and has been known as "personal magnet-

ism," will force," "nervous energy" etc., etc. The possession of this power, in a high degree, is an invaluable acquisition in a successful physician, for the reason that he can through its judicious employment secure confidence, inspire the hearty co-operation of the patient and enlist the cheerful assistance of the friends. Those who deny the existence of such a power, disown the most potent weapon in their armamentarium for the eradication of disease. Those who have watched the ignorant, disgusting, blind practice of "faith cures," "the laying on of hands" the employment of incantations, etc., etc., and have seen the lame made to walk, the blind to see and the deaf to hear, and have dismissed the consideration of the cases from their minds and explained to their friends and to themselves the *modus operandi* by saying that the practitioners are knaves and the patients fools, have only to analyze the methods of practice in question, to discover that the foundation stone in each and all of them is mental suggestion. While no intelligent practitioner would attempt the cure of enteric fever or seek to adjust a fracture by hypnotic suggestion alone, there are conditions which may arise during the progress of either of the above ailments wherein the employment of this most rational method of medication may be followed by the happiest results. Moreover, many neurotic diseases will yield promptly to its application alone. The friends of a cause are often its worst enemies.

We have here in this beautiful quiet little city, the home of ease, education and wealth, a practitioner of the "subtle faith," under the euphonious epithet of "Christian Faith Cure." A close study of her physiognomy reveals the fact that her evolution was not premeditated by an illustrious ancestry, and in accordance with the broad rule laid down by the poet-scholar, Oliver Wendell Holmes, for the production of a gentleman. Every lineament of her features, every look, every word suggests the fact that the dominating characteristics of her make-up are deception and greed; that had she spent her entire past life in acquiring ignorance, she could not have graduated with more honor than she can to-day! Yet in spite of her repulsive mien, she secures the confidence of many otherwise well meaning persons, and by her apparent honesty has wrought cures. "Discretion is the better part of valor," and had she heeded the truth couched in the ancient aphorism and confined her attempts at cure to her legitimate field, success would have crowned her efforts often, where dismal failure has been the result. Of course, since she

is wrapped in the awful gloom of midnight ignorance, no attempt has been made by her at classification of disease on any basis whatsoever, and oftentimes she has attempted the impossible. No permanent advancement can come to such as she, because her profound illiteracy is ever a wall, which no amount of misdirected effort will enable her to scale. And instead of being a help to humanity and a worker in the open light of 19th century advancement, she must stand charged forever with many sins of both omission and commission.

As I write I think of another who unwittingly makes use of the same therapeutic means now under consideration, but in a somewhat different form. In a small railroad town in Whitley County, Indiana, there lives the exact counter part of the healer described above, but of the sterner sex. This man is a second Kneipp, so well described by L. Reup and quoted by Shoemaker in his *Materia Medica and Therapeutics*. He began by traveling about the country in an old ramshakle cab, drawn by two horses, which were entitled to the daily attention of Bergh and his lieutenants. His method was to place a piece of heavy plate glass on the bared skin of the sufferer and assume as wise a look as was possible for him (and that was always a dismal failure as he was sadly handicapped by nature and neglected by schools) look through the glass into the patient's blood, liver, lungs, heart, etc., etc., where he could see disease at its awful work! Then after making a diagnosis, he would secure 5 or 6 gallons of milk, heat it to the boiling point, pour it into a wash tub over which he would place some boards, loosely wrap the nude patient in a blanket, place him over the tub and subject him to a thorough steaming. He carried about with him about a bushel of fist-sized stones which he had gathered from the roadside, but which according to his statement came from the state of Pennsylvania and were found 2,600 feet below the surface of the ground, and moreover was the only collection in existence. These stones, he said, possessed special healing powers.

“From Pennsylvania's mines of wealth,
He brought the stones for giving health.
But strange to one, and I presume to you,
He's owner of all that nature knew!”

These stones, previously heated in a stove, were placed in the milk and served to protract the steaming process. After thoroughly rubbing patient he was placed in bed and covered heavily with

blankets. Then some barks gathered from the indigenous forest trees were boiled, wrapped in cloths, placed over the diseased area, and covered by a large hot flat stone. It was said by a neighborhood wag that the latter was removed only after the patient had sweat enough to make it float. Now these barks were cut into curious shapes and placed in certain directions in relation to the long axis of the body. It is easy to see that there were certain commendable features underlying this treatment, but that in the main it is an undesirable jumble of ignorance, empiricism, rationalism and hypnotism. Suffice it to say that he wrought some cures; that he built a hospital which is continually filled to overflowing with wealthy patients from country, city and town. Is there no lesson to be learned from a careful study of the practices of these ignoramuses? Most assuredly there is and it is this: Physicians, as a rule, do not make use of all the means known to them for healing the sick. We, almost all of us, fall into ruts and daily follow a routine method and are not keenly alive to suggestions that hang out around us on every side recognized, but unused. "Gather gear by every wile that's justified by honor was the motto of the Scottish bard, and if we would heed the advice couched in that injunction, not only would physicians be better paid "in the coin of the realm," but also better paid in the expressions of gratitude of suffering humanity. It may not be uninteresting to your readers to know that the old Teutonic M. D., (Milk Doctor) has long since replaced his lacto-therapy by substituting hydrotherapy in the treatment of disease, and secures, I doubt not, just as good results therefrom, without knowing why. He has by his tact and cunning lifted himself from a condition of penury to one of affluence. He now is the proud possessor of a beautiful cab drawn by a span of well groomed thorough-breds, dresses in broadcloth, his unworthy scheming pate crowned by a tall conical cap bearing a plume, while thrift is apparent on every hand. The local physicians in his neighborhood long for better days and attempt, by reason, to show the duped public the fact that they are being "faked" but all to no avail. While the existence of such an institution is a sad comment on the intelligence of a people it also should stand as a stimulus to the medical profession.

GRATUITOUS CERTIFICATES OF CAPABILITY OF
EXAMINERS FOR LIFE INSURANCE COMPANIES.

BY CLIFFORD KIRKPATRICK, M. D.

Adrain, Mich.

I wonder if my topic and my position on the subject will draw down upon my head the anathemas, the uncorked foaming vials of wrath of some of our members. Am I slovenly shuffling over the hallowed ground of that cherished idol "professional ethics?" If so, deal gently with me; kindly show me the error of my ways, and with the loving hand of convincing, hard-headed logic, lead me once more to the paths that, perhaps, custom has made an unwritten law.

It is probably only a fair presumption that every professional gentleman within the sound of my voice is contributing regularly (although possibly somewhat grudgingly) to the assets of some life insurance company, and while we are ready to concede as a fact that life insurance companies have done, and will continue to do a vast amount of good, it is hardly to be expected that they are conducting their business from pure philanthropy, or for the benefit of their health.

It is quite unnecessary before this body of men to even speak of the desirability of having for the insurance companies, examiners who are thoroughly competent, not only in physical diagnosis, but its entailed corollary heredity, and above all they should possess that most desirable trait, integrity.

Life insurance companies and their agents are reaching out every day for an increase in their business, the larger cities have been gleaned and they are now garnering from the rural districts. Each physician in the smaller towns is importuned for a policy, and as an incentive they are offered the position of examiner in the company soliciting them; this is all fair and right, but on sending in their application for the position of examiner, they are requested to give the names of three physicians to whom the company may refer as to the applicant's capabilities.

In due time we receive a circular letter something like this "Dr. ——— of ——— has been proposed as a medical examiner for this company, and has referred us to you for information as to his fitness for the position. Will you kindly, therefore, as an act of courtesy to him, tell us whether or not he is a man of integrity, sound judgment and skill in his profession." Upon the face this seems all fair, and

were it to rebound only to the good of the profession all would be well, but, if one should consult only the interests of the insurance companies and fail to recommend a physician, who then profits by it?

I emphatically contend that it is very valuable information that is imparted, that it is of vital importance to have good examiners and that the insurance companies are the chief recipients of good, and that for such information they should pay. To one of their letters of interrogation on the 20th inst. I sent this very delicate reply: "Dr. Wood is too good a man to do business for any company that regularly and systematically, under the specious plea of 'courtesy' sponge their information from the medical profession." A little discourteous do you think? Well, great minds differ.

Understand gentlemen that I will not be second to any man in showing true courtesy to the profession, and I am almost daily the recipient of professional kindness from my brethren, but I do strenuously object to being made a cat's-paw of, under the ostensible plea of "professional courtesy."

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of January:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	3	2
Scarlet Fever ..	5	0
Measles	not rep	2
Typhoid Fever	not rep	1
Tuberculosis	not rep	10
Cerebro-Spinal Meningitis.....	not rep	1
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough.....	0	0
Total deaths from all causes.....		54

ANNUAL MEETING OF THE STATE SOCIETY TO BE
HELD AT LAFAYETTE.

In the January number of the *Journal-Magazine* we announced that the annual meeting of the Indiana State Medical Society would be held in Evansville in accordance with the decision of the delegates at last year's meeting.

Within the past two weeks the Vanderburgh County Society requested the officers of the State Society to select another place of meeting because of the inability to properly entertain the society at Evansville, since the principal hotel has been abandoned. The president called an advisory committee for the selection of another meeting place with the result that Lafayette, who was a strong claimant at the Terre Haute meeting for the honor, carried off the plum.

While we regret that we will not have the pleasure of journeying to the extreme southern portion of the state to attend the 1898 meeting and partake of the recognized hospitality of our Evansville friends, we yet live in hopes of being with them on some future occasion, as also in greeting a large delegation from that section at Lafayette this year.

That the 1898 meeting will be a success cannot be questioned when we take into consideration the hustling ability of the members of the Tippecanoe County Medical society, and their determination to make this year's meeting a "record breaker." From personal letters and newspaper notices we learn that the city officials, officers of Purdue University, Lafayette Pharmaceutical Association, Lafayette Commercial Club, Lincoln Club and Lafayette Club are taking an interest in the coming meeting, and will trouble themselves to assist in giving the visiting doctors "a howling time." We also learn that many arrangements for the meeting have already been perfected. The sessions are to be held in the chapel of Purdue University, and the laboratories of the institution are not only open to the visitors, but will be utilized in giving many tests and experiments that will undoubtedly be of interest to the visitors. The Lafayette Street Car company will furnish free transportation to and from the University throughout the time of the meeting.

From a social standpoint the meeting will be all that the members can ask. Both the Lincoln and Lafayette clubs will throw open their doors to the visitors and extend every courtesy and hospitality. In the evening a reception will be tendered the visitors at the La-

Lafayette Club and here "wives, sisters and sweethearts will add to the pleasures of the doctors."

Lafayette is easily accessible from all parts of the State, and the annual meeting should find an attendance equal to if not greater than any in the history of the society. The attendance should also be representative because of location, and desired in consideration of the arrangements that will be made for the semi-centennial anniversary meeting of the society, which meeting ought not only to be held in the City of Indianapolis but be of unusual character.

Let every member of the State Society arrange to be in Lafayette this year and only remain away through marked necessity.

SEQUELLAE OF MEASLES.

In consideration of the fact that most people, including many physicians, believe measles to be a simple disorder requiring little or no attention, and during the present epidemic throughout Northern Indiana may forget that certain severe if not fatal sequellae may result, a word of caution may not be amiss.

It is a recognized fact that the convalescence from measles is the most important stage of the disease, and the utmost caution is required to prevent complications. Beginning as the disease does with catarrhal symptoms referable to the upper respiratory tract, which continue with more or less severity throughout the course of the disease, it can be readily understood that undue exposure during the convalescing stage is liable to produce untoward symptoms which in many instances terminate fatally.

The existing bronchitis, present in nearly every case, is apt to extend into the smaller bronchi and produce broncho-pneumonia, which in delicate or strumous children generally ends fatally. Catarrhal inflammation of the middle ear, with or without suppuration, always attended by more or less impairment of hearing, is quite common as a result of extension of the catarrhal inflammation to the Eustachian tube and middle ear. Conjunctivitis, which during the eruptive stage may assume the phlyctenular form and terminate in corneal inflammations and varying impairment of the eye-sight through partial or total destruction of the cornea, is not uncommon, and optic neuritis complicating meningitis from an extension of middle ear inflammation to the cranial cavity, has been quite frequently noted by well known observers as a sequellae of measles, while re-

tinal hyperaemia with subsequent prolonged asthenopia has frequently been noted as a direct effect of the toxic influence of the disease.

In view of the tendency to these complications during the latter stages or the period of convalescence of measles, the management of the affection becomes a question of importance. Confinement to a warm room, with proper hygienic regulations, for fully a week following the disappearance of all signs of eruption, and longer if bronchitis still exists, should be an invariable rule if we are to give our measles cases proper attention, and render them less liable to the complications and sequellae mentioned.

THE ANNUAL MEETING OF THE INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS.

At a recent meeting of the executive committee of the International Association of Railway Surgeons, the time for holding the annual meeting was made from July 6th to 9th, the place being Montreal, Canada. This is a much later date than the association has ever met before, but most if not all of the medical associations in this country are held much earlier so that none of these meetings will interfere, and then it will be a very pleasant trip at this time of the season. We think the executive committee acted wisely in selecting this time for the meeting this year.

HUNTINGTON PHYSICIANS NEED A MEDICAL REVIVAL.

We have been favored with clippings from the daily newspapers of our neighboring city of Huntington, which contain published interviews which reporters have recently had with many of the prominent physicians of Huntington relative to the contagiousness or infectiousness of diphtheria.

If the published interviews fairly represent the opinions expressed (and there seems to have been no effort to contradict any of the statements) there is indeed much need of education among some members of the Huntington Medical profession. To learn that more than one of the more or less prominent physicians of that little city pronounce diphtheria neither contagious nor infectious, and

all quarantine regulations imposed by the Board of Health (which regulations are imposed by every intelligent Board of Health throughout the world) as a senseless abuse of authority, is like listening to the ignorant and uncouth speech of the Dakota school trustee, who, when hiring a prospective teacher, asked if he taught that the earth is round or flat, and upon being told that all geographies teach that the earth is round, said, "D——n the geographies, the earth is flat and you teach it so."

If the opinions expressed in the interviews mentioned are samples of the breadth and accurateness of medical knowledge in general in Huntington, then we give that city the palm for being the best place in Indiana for a little medical missionary work. It might also be a good town for a medical book agent to strike, for the sale of a few of the late standard works might change the antiquated views of some of Huntington's medical men, or at least let them know that the science of medicine is advancing. This in turn might lead to a knowledge that he who would have his opinions respected must keep abreast of the progress of the world.

Meanwhile, we sympathize with the intelligent and progressive physicians of Huntington (and there are some) who must feel a sense of humiliation in knowing that some of their fellow practitioners, supposedly intelligent, manifest such unmistakable signs of ignorance, as evidenced by their unfamiliarity with the modern scientific facts of to-day, and display such keen desire to make known their ignorance through the medium of the daily press.

NEWS NOTES AND COMMENTS

A bed piano has been invented, which straddles a sick bed on elevated legs, and has a keyboard so arranged at an angle that the reclining invalid with musical tendencies can put in his or her time to pleasant advantage.—*Scientific American*.

A prominent practitioner says: "I notice a falling off in my office practice during the bicycle season and a general improvement in the condition of such patients as, having no organic lesion, ride a wheel during the summer months. The greatest danger in bicycle riding is to the doctor's pocket-book."

Dr. Ernest Hart, for thirty years editor of the *British Medical Journal*, died January 7th. Nearly all of his professional life he was connected with medical journals in an editorial capacity. The latest volume of the Twentieth Century Medical Practice contains an interesting article from his pen.—*Medical Times*.

The Noble County Medical Society held its regular meeting at Ligonier, Ind., on January 4, 1898. The attendance was representative and an interesting program presented. The principle paper, entitled "Medicine and Physicians of the Talmud," by Rabbi Julius M. Magil, of Ligonier, was ordered by the society to be published in the *Journal-Magazine*. The paper appears in this number.

An ordinance has been passed by the Common Council and is now in effect in Louisville, regulating the rights of way and permits therefor. Physicians wearing a badge designated for the purpose are given preference on public highways, and any person interfering with their progress while acting in a professional capacity are guilty of a misdemeanor and may be punished accordingly.

An ordinance has been introduced in the city of Chicago to prohibit the sale of nostrums, particularly catarrh remedies containing cocaine. This was brought about through the discovery that over forty culprits brought to the police courts of Chicago within a couple of months, were victims of the cocaine habit introduced largely by the use of popular catarrh cures.

In Germany, physicians who ride a bicycle while acting in a professional capacity wear a metallic badge having a red cross upon a white enamel background, this badge serving to distinguish them and not only give them the right of way, but save them from arrest for fast riding or being caught out late without a light. This plan might be of service in America and is to be recommended.

The Northern Tri-State Medical Association held its semi-annual meeting at Toledo, Ohio, on January 27th and 28th. Those in attendance report a very interesting and profitable meeting. The physicians of the city of Toledo entertained the visitors royally and in accordance with their usual custom. The mid-summer meeting will be held at Elkhart some time during the month of July, the date to be announced by the secretary or committee on arrangements.

We have recently received the announcement of the Pediatrics Laboratory, located at 254 West Fifty-fourth street, New York. Among the men interested in the venture are Drs. A. Jacobi, E. K. Dunham, Chas. Thienes, Chas. Rice, Ira Van Gieson and Dillon Brown. The laboratory is to be amply supplied with an equipment of the best reagents and the most modern apparatus and instruments for thorough and accurate work in bacteriology, pathology and chemistry.

The dissection of cats and dogs is recommended as a legitimate school exercise for young children by Prof. G. Wilder, in *Science*, December 17. He says: "If it be legitimate to slaughter animals for food, it is even more so to kill them humanely (as with chloroform) in order to gain information. This is particularly true of the superfluous cats and dogs that lead miserable lives in most cities. Children should be taught that the greatest kindness toward such is a speedy and painless death."—*Medical Times*.

Dr. Jos. O'Dwyer, who brought to perfection the operation of intubating the larynx, died January 7th, after a brief but painful illness. At the time of his death Dr. O'Dwyer was attending physician at the New York Foundling Asylum and St. Vincent's Hospital. It may be truthfully said that no one thing has so materially decreased the mortality statistics of diphtheria and membranous croup as intubation, and Dr. O'Dwyer is certainly deserving of the credit of having first introduced this deservedly popular operation.

Prof. Theophilus Parvin died at his home in Philadelphia on January 29th. Prof. Parvin had a world-wide reputation as a teacher of obstetrics and gynecology, and his writings upon these subjects have been accepted as authoritative over the entire world. His chief book, "The Science and Art of Obstetrics," is now in its third edition, and he was the editor of the American edition of Winckel's "Diseases of Women," as well as the author of many valuable papers, addresses and monographs upon special subjects.

A well known dentist of London is the owner of a very valuable high-bred dog that has had the misfortune to lose all of his natural teeth. It occurred to the dentist that he could fit the dog with false teeth, and after the expenditure of considerable time and energy, and several chloroformizations this was successfully accomplished. At first the dog objected, but soon became reconciled to the innovation, the utility of which soon became patent, and now he tamely submits to having his teeth taken out and cleaned with a special tooth-brush and his own tooth-powder.

The city of Philadelphia is just now being treated to a rather large taste of polluted water, and are suffering from the effects to the extent of about 175 to 200 cases of typhoid fever each week. In two wards of the city with a population of 100,000 there have been more cases of typhoid fever in one week than in the whole city of New York for double the length of time. The Philadelphia medical journals are criticising the city officials very severely for allowing such a condition to exist, and are somewhat astonished that outraged citizens do not sue the city for damages on account of disease or death of a relative due to the criminal pollution of the water.

We have recently received the announcement of the Western Ophthalmological, Otological, Laryngological and Rhinological Association, calling attention to the annual meeting that is to be held in Chicago in April. An exceedingly interesting program is being prepared, and those who attend the meeting will certainly be amply repaid. It is proposed to divide the meeting into two sections, one for ophthalmology, the other for otology, laryngology and rhinology. Among papers and addresses early announced are those by Drs. H. Knapp, of New York City; J. O. Roe, of Rochester; and G. Sterling Ryerson, of Toronto. The local committee are making active preparations for entertaining the visitors, and it is expected that a large and enthusiastic meeting will be the result.

The twelfth annual meeting of the St. Joseph County Medical Society was held at South Bend, on January 25th. This active and progressive society always presents an unusually interesting and attractive program for each yearly meeting, and invitations to attend this meeting are extended to physicians far and near, who are usually glad to favorably respond and lend assistance in a meeting that is always successful. An unusual number of prominent physicians from a distance were present at the January meeting, and the visitors report a very interesting and profitable time. The social features were particularly pleasing, and characteristic of the well known hospitality of the South Bend physicians. In the future numbers of the *Journal-Magazine* we will have the pleasure of publishing some of the papers that were presented at the meeting.

W. H. Garrison, in the December number of the *Medico-Legal Journal*, says that, with the exception of the lies about alcohol in the school text-books of physiology, there are probably no more ill-grounded mis-statements than those spread broadcast as to the pernicious effects of cigaret-smoking. Mr. Garrison believes from the evidence of independent experts, that in the ordinary cigarette sold in this country the tobacco is of excellent quality, the paper is good and harmless, and injurious ingredients such as opium, morphine and strychnin are not present. The evil is not in the cigaret itself, which is probably the most harmless form of tobacco-smoking, but in the abuse, particularly by young, growing lads, in whom all excess in tobacco is likely to cause dyspepsia, anemia and palpitation

of the heart. In the adult, in moderation, cigaret-smoking is probably no more injurious than either cigar or pipe smoking. There is no evidence to prove that the inhalation of the smoke is harmful, and while the cigaret-smoker's breath, fingers and clothes may be disgusting to the lover of the best tobacco, we cannot accuse him of injuring his health.—*Philadelphia Med. Jour.*

We have recently received notification of the conditions of affiliation between Rush Medical College and the Chicago University. Dr. Edward L. Holmes has already resigned the presidency of Rush Medical College pursuant to the proposed union, and this will be followed by the resignation of the Board of Trustees in view of the passing of the Rush Medical College under the control of the trustees of the Chicago University. Among other conditions it is provided that the requirements for admission to the college shall gradually be increased until in the autumn of 1902 only those who have completed the freshman and sophomore years of regular college work shall be admitted. It is also expected that the course of instruction will be increased until a student in obtaining a diploma from the medical department of the University of Chicago will have successfully passed a full five years course of instruction, embracing five terms of nine months each. If the plan as outlined is carried out Rush Medical College, or rather the medical department of the Chicago University, will give a medical education not surpassed by any other school or institution on the face of the globe.

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MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

THE ACTION OF IRON ON SECRETION OF GASTRIC JUICE.--Buzdigan (*Wiener Medicinische Wochenschrift*, August 5, 1897; *Presse Medicale*, November 27, 1897,) publishes the results of numerous chemical and microscopical examinations of the gastric contents of sixteen patients with anaemia or chlorosis who were taking iron. In three of them the gastric secretion was normal and the iron had no effect on it. In seven there was a deficiency of both motor and secretory action on the part of the stomach; in five of these seven the iron exerted no influence on the secretion of free hydrochloric acid, but in the two others, who like the five, had complete lack of acid, it was caused to appear. In six who had an excess of gastric juice the iron made its acidity still greater.—*New York Medical Journal*.

INEQUALITY OF THE PUPILS IN CARCINOMA OF THE OESOPHAGUS.—Hitzig, of Zurich (*Deutsche Medicinische Wochenschrift*, 1897, Nos. 36 and 37; *Wiener Klinische Rundschau*, October 10, 1897), reports that he has observed differences in the pupils in six out of thirty-seven cases of carcinoma of the oesophagus. In one case the right pupil was the smaller of the two, and the autopsy showed a large carcinomatous gland on the right side of the oesophagus, encircling the vessels and nerves. In the five other cases it was the left pupil that was contracted, and this is attributed to deviation of the oesophagus to the left. The phenomenon is apparently due to pressure on the sympathetic nerve.

ABSCESS OF THE LIVER.—Dr. C. W. Windsor, in a recent number of the *Lancet*, has a very interesting and valuable article on this subject. The following resume of symptoms based on personal observation of cases observed at the Dreadnought Hospital will be of general interest: “Symptoms—The onset of the symptoms of tropical abscess of the liver is commonly gradual and insidious and the patient may only seek advice when the abscess is fully developed. In many instances everything points to the presence of an abscess, but there is no one single symptom or physical sign which is absolutely diagnostic of the condition. Early in the case the patient may complain of lassitude, weakness, and feeling of general ill-health and of loss of appetite and impaired digestion. A general alteration in the complexion is very often noticed, though when the patient has lived for a long time in tropical climate this change will not be very well marked. This alteration is one of increasing sallowness with a muddy, earthy appearance of the face. The eyes look heavy and there are deep shadows beneath them. There may be attacks of jaundice, either transient or permanent, but it is not common to see any of the symptoms of biliary obstruction. The bowels are usually constipated and obstinate vomiting is said by Murchison to be frequent, but in the cases I have seen this has not been present in one; digestion is impaired and the tongue is coated. The first definite symptom is that of pain, commonly situated in the right hypochondrium. This may be of two kinds: (a) a dull, heavy, aching pain; and (b) a sharp stabbing pain. The presence of a pain referred to the tip of the right shoulder is common. The sharp, stabbing pain is probably nearly always due to pleurisy or in other cases to perihepatitis. The pleurisy often goes on to the effusion of fluid though only to a moderate extent. This symptom, i. e., pleurisy, is brought about by the extension of the inflammation to the superficial parts of the liver, causing adhesion of the liver to the diaphragm and then implicating the parietal and visceral layers of the pleura. This process may stop short at almost any stage, so that the liver may not be adherent to the diaphragm or the layers of the pleura may not be involved at all, or only the parietal layer, in which latter case the pleural cavity is open. In long-standing cases the liver, diaphragm, and pleura are all firmly matted together, so that perihepatitis to a limited extent i. e., over the surface of the abscess, is very common, but this is not invariably the case, as sometimes the liver is quite free from the diaphragm and has to be stitched to the edge of

the wound before the abscess can be opened. Great stress has been laid on this perihepatitis from the point of view of diagnosis, but I think that the differentiation of friction due to perihepatitis from that due to pleurisy, except in those cases where well-marked friction is heard either low down over an enlarged liver or the epigastrium, must be almost impossible. The size of the liver is of great importance; there is usually enlargement which may be upwards or downwards or in both directions, the former being common. It must be remembered that any increase of the dullness above the sixth rib may be due to a localized collection of the fluid in the right pleura quite as much as to enlargement of the liver. The increase in the liver depends upon the situation and size of the abscess. The lower border is often felt to be smooth and rounded as if the edge had been rolled under; the contraction of newly-formed fibrous tissue on the under surface (due to perihepatitis) may account for this. There may be bulging of the right side and bulging of the intercostal spaces with perhaps slight increase in measurement; if the left lobe be implicated there will probably be an easily recognized elastic swelling in the epigastrium. The increase in the area of the liver dullness may be appreciable behind, usually extending upwards towards the angle of the scapula. There is nearly always tenderness on palpation over the liver, especially on firm pressure in the lower intercostal spaces. A very constant and valuable sign of hepatic abscess is œdema of the skin over the lower ribs, but this is not absolutely diagnostic any more than in a case of empyema. Redness of the skin and fluctuation will be present only when the pus is approaching the surface. There is pyrexia of a remittent or intermittent type; this fever is not as a rule very high, 102 or 103 F. being the common limits. It may show curious remissions, the patient being free for a few days, after which the temperature rises and may take a typical hectic character. In some cases the fever may be slight or even absent, especially in longstanding cases. Actual rigors are not commonly seen except occasionally in the early stages of the disease, but the occurrence of profuse sweatings, especially at night, is considered a characteristic feature; these sweatings are not so frequent as in pyæmic abscesses of the liver. Jaundice has already been mentioned as being rare; Murchison attributes it to catarrh of the bile ducts. It was only noticed in five cases out of 120 collected by Moorhead. Marked emaciation is very commonly found and, with

the sallow cachectic complexion, helps to give the patient a very characteristic appearance. It is only rarely that portal obstruction is brought about by the pressure of a large abscess."

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED. J. HODGES, B. S., M. D.,

Professor of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

CHOLEDOCOTOMY.—Quenu concludes from his experience in six cases that the duct should not be stitched after choledocotomy.

TO REMOVE WARTS.—A supersaturated solution of bichromate of potash applied daily to warts is said to remove them without pain or scarring.

HYSTRECTOMY IN DISEASES OF THE APPENDAGES.—Dr. Frank of Louisville (Medical Mirror), regards hysterectomy in septic diseases of the appendages as unjustifiable save in cases where the uterus itself is deeply diseased.

VAGINAL TAMPONS.—Fischer, of Vienna, recommends the use of gelatin capsules for enclosing vaginal tampons. This would certainly be of great advantage in cases where it is desired that the patient herself place the tampon.

\$25,000 DAMAGES WANTED FOR AN X-RAY BURN.—Some Chicago doctors have a suit for damages for the above amount on their hands, wherein the plaintiff alleges that he had to have his leg amputated because of a dermatitis which resulted from three exposures to the X-rays.

THYROID EXTRACT IN FIBROIDS OF THE UTERUS.—Dr. Polk,

of New York, reports very gratifying results from the use of thyroid extract in uterine fibroids. Retrocession of the growth, improvement in general health and amelioration of the local symptoms has been noted in several cases. The *American Journal of Surgery and Gynecology*, from which we obtained the foregoing, would like to hear from any who have tried the treatment.

AN INSTRUMENT TO OBTAIN URINE SEPARATELY FROM THE TWO KIDNEYS.—Dr. M. L. Harris, of Chicago, has devised an instrument for the above purpose, which seems from the description he gives (*Jour. Am. Med. Assn.* January 29,) to be very simple and easily operated. The doctor has tested the instrument sufficiently to warrant him in saying that the results from its use will be all that could be desired. It can be used in either sex and does not produce pain. If future trials bear out what the doctor claims for his instrument it will prove a very useful and important addition to the diagnostician's armamentarium.

A DEATH FROM A. C. E. MIXTURE is reported by Dr. H. S. Jewett, of Dayton, (*Med. Record*). The patient was a drinker. He had been given the same mixture on three occasions before this last and fatal one, all the administrations occurring within 90 days. Respiration ceased before anesthesia was complete and could not be re-established by the combined use of artificial respiration, tongue traction, electricity, position and stimulating injections. The heart continued to beat for nearly a minute after breathing stopped. Examination before the anesthesia showed no heart lesion, and the urine was found free from albumin and sugar. No post-mortem was allowed. Inasmuch as this patient was a hard drinker, struggled violently, and had a "slight convulsion" before breathing stopped, we think it more than doubtful that the death was due to the anesthetic.

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

RUPTURE OF THE UTERUS.—H. Metcalf (*Atlantic Med. Week.*, December 25, 1897) describes the following case: "The patient was

a woman weighing three hundred pounds, and the occasion was her eighth confinement. The pains, after lasting four hours and being very violent at the end, had ceased four hours previously. External examination was useless; vaginal examination revealed what was thought to be a prolapsed cord, but turned out to be a part of the small intestine; the uterus, on inserting the hand, was found to be filled with intestines and placenta, and to be torn on the left side from the fundus almost to the cervix; it was contracting well. Operation was somewhat delayed; an incision was made in the linea alba, the head presented, and a large male child, dead, was delivered. Owing to the great size of the patient, it was impossible to reach the uterus to sew the rent. Hemorrhage had been very severe, the abdominal cavity was flushed out with warm water, and the incision closed. The patient died of shock ten hours later. While laparotomy under favorable conditions is the best treatment for such cases—suturing if the uterine tear is clean cut, a Porro if it is ragged—recovery has followed expectant treatment; and it is a question if such treatment would have been better in a case like the one reported, where every condition was unfavorable.—*Am. Gynecol. and Obst. Jour.*

A CASE OF PUERPERAL SEPTICAEMIA SUCCESSFULLY TREATED BY ANTISTREPTOCOCCUS SERUM.—L. Durno, (*Brit. med. Jour.*, October 20, 1897) confined a primipara at a normal labor, May 2. May 5 she had a chill, followed by a temperature of 104 degrees and a pulse of 140; there was local pain and tenderness and foetid lochia. In spite of the usual measures she grew rapidly worse, the temperature on the following evening being 106.2 degrees; 10 c. c. of anti-streptococcic serum were injected under the skin of the right side of the abdomen. The next morning she was much improved, but by night was again worse, and still worse on the morning of the 8th; on each of these days the serum was administered and also on the 9th, 10th, 11th and 12th, during which latter time the improvement was steady; on the morning of the 14th she had a severe urticarial rash over all the body, and in the afternoon a chill followed by a temperature of 104 degrees, much pain and sickness; the following day she was better, but on the 16th she had pain and tenderness over the left hip-joint, and by the 18th almost every joint in the body was invaded and there was thrombosis of the right femoral vein; on the 19th, 20 c. c. of the serum was injected. The next day the temperature was 104 degrees, and about the site of the last injection the skin was hard

and infiltrated, and presented the signs of a phlegmonous erysipelas; the general condition improved, however, and on the 25th a large abscess in the abdominal wall was opened, after which the patient made a good recovery. The cause of the primary infection was the nurse's using a syringe that had been used for washing out an abscess some twelve months previously. The urticaria rapidly disappeared under quinine. The abscess that followed the last injection the writer is unable to explain, as every precaution was taken as usual.—*Am. Gynecol. and Obst. Jour.*

PRACTICAL MEASURES IN OBSTETRICAL EMERGENCIES.—Dr. S. Marx, in the *New York Medical Jour.*, February 5, 1898, contributes an article with the above title, in which he deals with a number of obstetrical emergencies, and in discussing the indications for the application of the forceps he says that mento-posterior cases or occipito-posterior cases should be turned and not delivered by forceps. This statement we desire to bring in question, especially as regards the occipito-posterior cases. The mento-posterior cases of course cannot be delivered with the head in that position, but we have demonstrated to our satisfaction a number of times that occipito-posterior cases can be delivered if intelligently handled by the application of the forceps, at least the time when Dr. Marx would resort to the use of the forceps is after the engagement of the head in the superior strait, a time when version is difficult or impossible. In treating uterine ruptures the doctor has recommended perforation and delivery of the child without regard to its viability, and condemns laparotomy under these circumstances. There are many who will, I think, take exception to this advice. For post-partum hemorrhages the hot uterine douche is recommended to the exclusion of other measures. In case this fails, the tamponing of the uterus with gauze is advised.

A CASE OF PEMPHIGUS NEONATORUM.—Dr. L. Emmett Holt, in the *N. Y. Med. Jour.*, February 5, 1898, reports a case with the above title which was associated with a general infection by the staphylococcus pyogenes. The child had large bullae scattered about over the trunk and limbs, and died sixty hours after its admission to the Babies' Hospital, after having been in coma for several hours. The lungs showed pure cultures of staphylococcus pyogenes aureus

with bacterium lactis aerogenes. The spleen and left kidney showed a streptococcus, also the liver. The bullae upon the skin also showed pure cultures of staphylococcus pyogenes aureus. This latter germ injected into a mouse proved fatal after the end of twenty-four hours, and the same organism was recovered from the heart's blood and at the site of injection.

The remarks upon the case are as follows: "Hereditary syphilis is responsible for a certain proportion of cases of pemphigus seen in newly born children, and many writers have been disposed to regard all these cases as syphilitic. The facts, however, do not warrant such a conclusion. In the case here reported there was no evidence whatever of syphilis, either clinical or pathological; but the symptoms during life, post-mortem findings, and the cultures all indicate a process of acute general infection, of which the bullous eruption was only one of the manifestations. This bears out the findings of Strelitz and others, and shows that there are certainly cases of so-called pemphigus which are simply varieties of sepsis in the newly born. It is my opinion that many cases formerly regarded as syphilitic will be found to belong to this category."

DEPARTMENT OF RAILWAY SURGERY.

IN CHARGE OF CHRISTIAN B. STEMEN, A. M., M. D., LL. D.,
Professor of Surgery and Clinical Surgery in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

FIRST AID TO THE INJURED.—The following is taken from the paper by Dr. Chas. H. Ott, of Sayre, Pa., which was published in the January number of the *Railway Surgeon*:

"My remarks on the treatment of injuries presuppose that the injured person is to be transported either to his home or some institution for subsequent attention. In the treatment of simple fractures of the extremities I think an effort should always be made to reduce the fracture and to hold the ends in apposition before the patient is moved. Depending upon whether the fracture is transverse or oblique, and I believe the latter to be more frequent, it might very easily happen that the sharp end of a fragment might make the fracture a compound one, a condition

not to be desired. If the fracture be one of the forearm or arm, short splints, made of any piece of board, can be applied and held in position with handkerchiefs or suspenders, and the patient placed in a recumbent position, or if he be a man of grit and determination, he can sit up and hold the limb himself. Should the fracture be one of a lower extremity the patient should always be placed in a recumbent position, with his head and body on a lower plane than the limb; and in carrying the patient on a stretcher this position should be maintained, as it prevents the patient from sliding forward and jamming the fragments. In fractures of the lower extremities especially, whether they be simple, compound or compound-comminuted, the limb should be immobilized, even though the fractured bone be not reduced; the fracture is of such a character and in such a position that the patient cannot steady it himself, and he is left entirely to the tender mercies and intelligent care of those who have been summoned to look after him. And how often are cases of all the above-named varieties transported for miles and miles without any attempt to immobilize the limb. Such neglect and thoughtlessness on the part of the laity is unpardonable and, in the physician, criminal. If the fractured ends are not brought in apposition, the limb can at least be held immovable with external and internal lateral splints, made of pieces of fence rail, perchance. Compound fractures of the extremities call for the most intelligent care and skill of those called in attendance. Given a case of compound fracture of a long bone with either or both fragments projecting, what is to be done? Shall the fracture be reduced at once, or the limb sustained and reduction be made after the parts have been made aseptic? We are taught that absolute surgical cleanliness is only to be achieved by careful and painstaking use of soap, water and chemic agents. It is to be assumed that people not knowing they were to sustain an injury, and not having their clothes and bodies sterilized, are not surgically clean. Unfortunately, lack of personal cleanliness prevails in a large number, yes majority, of the people we are called upon to treat. I would remark in parenthesis that there is a very large missionary field open for anyone who wishes to treat the subject of personal cleanliness.

Not only is the wound in a compound fracture liable to contamination from the body and clothing of the individual himself, but most certainly from the ground, railroad track, wheels, or whatever may have produced the injury, should the fragments be pushed

through the skin and clothing, as they frequently are. Under these circumstances the protruding fragments should not be reduced. They should be covered with some clean material and the parts so sustained by splints as to prevent farther laceration of the soft parts, until the patient can be removed to some place where his injuries can be attended to according to approved methods. The practice of using any old thing, as wornout and greasy overalls, coats, and so on, which I have seen wrapped around compound fractures and crushed limbs, cannot be too strongly condemned. Notwithstanding the efforts of the physician and the sensational articles which frequently appear in the lay press, there is a woeful lack of even an ordinary conception of asepsis or cleanliness in reference to injuries among the laity. They should be constantly informed of the gravity of infection in all wounds of this character, and this, in a large degree, is the greatest danger in a large number of injuries. Under the intelligent and well-known methods of aseptic and antiseptic treatment it must be a sadly injured limb indeed which cannot be saved. Especially should those whose occupations are particularly dangerous and who are liable to be injured any day, as railroad employes and miners, be instructed in a few fundamental rules, so that when some of their fellow-workmen are injured they can give intelligent aid and thus be instrumental in saving life and limb. In this connection I desire to say that, with this object in view, not only should bandages and cotton be carried on all trains, but stations should be equipped with a number of ordinary straight splints, cotton, gauze and bandages, so that more efficient aid could be given to the injured than is at present possible."

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

EXCEPTIONAL RESULTS FROM INTUBATIONS FOR DIPHTHERITIC CROUP.—At a regular meeting of the Denver and Arapaho Medical Society, held January 25, 1898, Dr. F. E. Waxham reported

twenty-nine consecutive intubations for diphtheritic croup with twenty-seven recoveries—all treated with antitoxin. Of the twenty-nine cases reported three were under two years of age with two recoveries, or sixty-six and two-thirds per cent.; eight were two years old with eight recoveries, or 100 per cent.; six were three years old with six recoveries, or 100 per cent.; six were four years old with five recoveries, or 88 1-3 per cent.; two were five years old with two recoveries, or 100 per cent.; and four were six years old with four recoveries, or 100 per cent: Total, twenty-nine cases with twenty-seven recoveries, or 93 and 1-10 per cent.,—a mortality of but six and nine-tenths per cent. in a class of cases formerly dreaded above all others. To Dr. Waxham belongs the honor of saving the first case by intubation, which was the fifth case operated upon, and of introducing intubation into private practice.

PREVENTION OF GLAUCOMA.—Professor Schoen, of Leipsic, says (*Trans. Amer. Jour. Surg. and Gynecol.*) that no one is obliged to lose his sight from glaucoma, as the disease can always be prevented if the eyes are seen in time by an expert and his warnings heeded. Professor Schoen believes that the invariable cause of glaucoma is excessive strain in the effort of accommodation, which of course increases with age. In the last 140 cases treated 48 per cent. were hypermetropic, though not one had possessed a distance lens. Astigmatism was present in 33 per cent., and in not one had the astigmatism been corrected. In 20 per cent. there were no glasses or they had been utterly inadequate. Nearly twice as many cases of glaucoma occur in women as in men, the former shrinking from wearing glasses until too late. While the excessive strain above mentioned produces anatomic changes which lead directly to glaucoma in time, yet any constitutional morbid tendency, any weakening or depressing cause, violent coughing, night watching, etc., may hasten its appearance.

BOOK REVIEWS.

HUGH WYNNE, FREE QUAKER, SOMETIME BREVET LIEUTENANT-COLONEL ON THE STAFF OF HIS EXCELLENCY GENERAL WASHINGTON.—By S. Wier Mitchell, M. D., LL. D. Harvard and Edinburgh. New York. The Century Co. 1897.

This is a delightfully entertaining story of revolutionary times, which introduces the reader to many of the important personages of that eventful period.

It bears just enough evidence of the fact that the author is a doctor to make it particularly interesting to physicians and at the same time not tiresome, on this account, to the lay reader. The story is published in two volumes, very artistically bound in drab cloth, with gilt top and uncut margins. The type and paper are excellent.

P.

AN EPITOME OF THE HISTORY OF MEDICINE.—By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Illustrated with Portraits and other Engravings. One Volume, Royal Octavo, pages xiv-348. Extra Cloth, Beveled Edges, \$2.00, net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York; 9 Lakeside Building, Chicago.

The excellent brochure presented within a moderate compass of three hundred and fifty pages, a clear, concise and very readable history of medicine. Most of the works already before the profession on this topic have either been too exhaustive for the average reader, or too condensed to present the subject in the literary style befitting its improvements.

As the author remarks in his preface, "The history of medicine is really a history of human error and human discovery. During the past two thousand years it is hard to say which has prevailed. Notwithstanding, had it not been for the latter the total of the former

would have been vastly greater." It is clearly the duty of every intelligent member of every learned profession like ours to acquaint himself with the general effects of its history, quite as much as for a citizen of any country to know something of its history. This little volume by an American author should receive a hearty welcome by the American profession and find a place in every well supplied library.

G. W. M.

A CLINICAL TEXT-BOOK OF SURGICAL DIAGNOSIS AND TREATMENT FOR PRACTITIONERS AND STUDENTS OF SURGERY AND MEDICINE.—By J. W. Macdonald, M. D., Graduate in Medicine of the University of Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh; Professor of the Practice of Surgery and Clinical Surgery in Hamline University, Minneapolis, etc. With 328 Illustrations. Philadelphia. W. B. Saunders, 925 Walnut Street. 1898. Price, Cloth \$5.00, Half Mor. \$6.00, net.

From the preface we learn that the author meant this work to be to the surgeon what DaCosta's, Musser's and Hierordt's works on diagnosis are to the physician, and in addition a treatise on the treatment of surgical diseases. The surgery of the eye, ear and skin is left to the special works on these subjects.

At the close of the introductory chapter the subjects for study are classified under nine heads, including the various systems, morbid growths and female generative organs. This plan is departed from, however, by the introduction of a special chapter on each of the following subjects: Injuries and Diseases of the Head; Injuries, Diseases and Deformities of the Spine; The Diagnosis and Treatment of Syphilis; Diseases and Injuries of the Neck; Injuries and Diseases of the Breast and the X-rays in Surgical Diagnosis.

All buyers of the book will unquestionably be thankful for the chapter on syphilis and for that on the X-rays, and to have omitted treatment of the subjects contained in the other added chapters would of course have been a grave error, but to have treated of them in connection with the systems to which they belong would have made the work more methodical and therefore better.

The omission of any special treatment of the subject of diseases of the lymphatic system seems to the reviewer unaccountable.

We were surprised to learn from this author that the "fluid which lubricates the inner surface of the pericardium is in the form of vapor."

We do not believe that the author's statement that ligation of the carotid cures 75 per cent. of the cases of orbital aneurism in which it is done is susceptible of proof.

In speaking of operations for cleft palate the author says: "It must be granted that they leave a great deal to be desired." This is unquestionably true even in the hands of the best operators, but the wonder is that good results are ever obtained when the author's advice as to the after-treatment is followed, viz., thorough irrigation with mild antiseptic solutions and removal of the stitches at "about the end of a week."

In describing Halstead's operation for carcinoma of the breast paragraphs three and four are omitted entirely, which omission makes the description practically useless. We look in vain through the chapter on the X-rays for any word of warning concerning X-ray burns or the means of avoiding them, neither is anything said concerning the fallacies which may obtain in deductions from X-ray examinations. The chapter on the diagnosis and treatment of tumors consists of but seven pages and is entirely inadequate. In the chapter on Injuries and Diseases of the Respiratory System much space is taken up with the consideration of diseases that are purely medical. It will be noted that most if not all the features of the work, which have been adversely critical, show lack of pains-taking care on the part of the author. For the most part that portion of the work which deals with the diagnosis of surgical diseases is satisfactory and well worth careful study. The frequent use of parallel columns in tabulating the signs and symptoms of diseases likely to be confounded adds much to the value of the work. The type, paper, binding and index leave nothing to be desired. The illustrations are much better than the average. The half-tone illustration of a hemisphere of the cerebrum with human figure so placed upon it as to show the different cortical centers is unique and quite striking. A careful revision would make the work a very valuable one and one without which no practitioner would care to be.

P.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

A FEW WORDS CONCERNING ARTERIO-SCLEROSIS.*

By JAMES B. HERICK, M. D.

Adjunct Professor of Medicine, Rush Medical College, Chicago.

Since Gull and Sutton a few years ago described widespread vascular changes under the head of arterio-capillary fibrosis physicians have learned to look upon certain diseased conditions of various organs, in which sclerotic vessels are a striking feature, not as separate affections, but as local manifestations of a generalized vascular process, now more commonly called arterio-sclerosis. Thus, a cerebral hemorrhage, a sclerosed aortic valve, a thoracic aneurism, a contracted kidney, a sclerotic spinal cord lesion may all owe their existence to the changes in the vessel wall of the affected organ, this change being but a manifestation of the diffuse pathological alteration of the arterial and capillary walls.

While it is not my intention to-night to discuss the various theories as to the pathology of the condition, but rather to deal with the clinical manifestations, I wish very briefly to recall to your minds the main facts in the altered anatomy of a sclerosed artery.

*Read at the annual meeting of the St. Joseph County Medical Society, South Bend, Indiana, Jan. 25, 1898.

Thoma has warmly advocated the view that the primary lesion is an inflammation of the middle coat of the artery—primary mesarteritis. In order to compensate for the weakening of the vessel wall at a given point, the intima responds with a reactive connective tissue proliferation, throwing up, as it were, a fortification at the spot where the damage to the media has threatened a breach in the wall. The media, so Thoma claims, may also be weakened by overstretching, as where there is an increased peripheral resistance to be overcome, *c. g.* in some cases of nephritis, and again the intima responds with compensatory changes.

Be the origin in the media or in the intima,—primary mesarteritis or endarteritis,—such an artery, when examined, is found to have a thick wall. The intima is yellowish or grayish and distinctly thickened. In its subendothelial layer is a round-cell infiltration, an increase of connective tissue, and, if the process is far advanced, a mass of granular or amorphous detritus which may contain fat droplets and cholesterine crystals—the so-called atheromatous abscess. Atheroma is, therefore, strictly speaking, the degeneration, often the result of the inflammatory process. If the disease is still more advanced, the intima has given way, the granular mass has broken through into the lumen of the vessel and a so-called atheromatous ulcer is formed. Calcareous masses are often found in these atheromatous plaques, in the intima overlying one of these abscesses and in the immediate neighborhood of these ulcers. One can readily understand how such a roughened condition of the intima favors thrombus formation.

Beneath the intima the media shows round-cell infiltration, with connective tissue, often hyaline. The adventitia may show similar changes.

These changes may be universal in all the arteries, they may be present only in a few, or they may be met with in circumscribed areas only. When the process involves the veins as well, it is termed angio-sclerosis.

As a result of the microscopic changes just described certain gross changes that are of great importance occur. On their recognition during life depends our ability to make the diagnosis of arterio-sclerosis. (1). The wall of the blood vessel is thick; it is therefore palpable. The radial artery, for instance, during life can not be palpated when not filled with blood, but when it is thickened we can readily feel the vessel even when the current of blood is shut

off by pressure high up between the wrist and the heart. In extreme cases the calcareous masses arranged in a row along the vessel wall give the characteristic beaded feel. Some are hard and firm, like the clay-pipe stem. (2) The calibre of the small peripheral arteries being lessened, peripheral resistance is greatly increased. In order to overcome this increased resistance the left heart hypertrophies from overwork. (3) The enlarged heart laboring to overcome this increased resistance produces an increased tension with high arterial pressure. (4) The wall of the artery is less elastic; it is yielding; it gradually lengthens, becomes tortuous. The experiments of Hunter show that the normal aorta if pulled lengthwise returns by virtue of its elasticity to its normal length. But the diseased artery loses this elasticity. (Thoma, Polabetsnow.) It may dilate uniformly or as a circumscribed dilatation or aneurism. (5) The intima being roughened favors the formation of a thrombus, particularly when the intima is calcareous or contains an atheromatous ulcer. (6) The lumen of the blood vessel, particularly in cases where there is syphilitic endarteritis obliterans, not, *strictu sensu* an arterio-sclerosis, may be completely occluded.

The recognition of the condition clinically depends therefore,—and here I repeat what has just been stated—upon the recognition of the thick, tortuous, palpable vessels. The pulsation in these vessels, as in the radial and brachial, is often visible and resembles closely the Corrigan pulse of aortic regurgitation. This can be particularly well seen in the brachial artery when the arm is flexed at a right angle. The tortuous temporal artery should always excite suspicion of arterio-sclerosis. Second, there is high tension. To the trained finger this is clearly disclosed by the firm, slow, hard pulse. The ear recognizes the sharply accentuated aortic second sound produced by the closure of the aortic valve under the high pressure. If necessary, the sphygmograph can be employed to convince one that there is increased tension. Third, there is left heart hypertrophy. This would, of course, be recognized by the lowered position of the apex impulse, and its location too far to the left, its diffuse character, as well as by the loud first sound and the increase in the limits of the left heart as shown by percussion. Fourth, the discovery of an efficient cause for arterio-sclerosis as confirmatory evidence. Fifth, it is recognized by the symptoms displayed by special organs.

The causes that operate to bring about arterio-sclerosis may

be conveniently grouped under the heads of heredity, age, the intoxications, and increase in peripheral resistance.

Heredity.—If we inquire as carefully into the histories of our cases of arterio-sclerosis as we do in our cases of tuberculosis, cancer, rheumatism, migraine, etc., we shall find strikingly shown the hereditary nature of the tendency to early arterial change in the long list of premature deaths from cerebral hemorrhage, heart disease, kidney disease, in other words, those conditions brought about by arterio-sclerosis. As an instance, I cite the case of a physician of 59 years, who consulted me in 1894 for examination as to his cardiac condition. Irregular pulse, dyspnea and slight attacks of precordial pain made him suspect trouble. I found his vessels thickened and tortuous, his heart some arrhythmic, slightly dilated, with the mitral valve relatively incompetent. Coronary artery sclerosis with fibrous myocarditis seemed a reasonable diagnosis. A few weeks later he was found dead in his office, with his glasses still on his nose, just as when he had fallen suddenly from his chair. His wife came to see me soon after and gave me the following most interesting facts concerning the family history. His father's father died suddenly at 54, while standing near a fence in conversation with a neighbor. The father himself died of cholera at 49, just before the danger period, it will be noticed. The father's only sister died at 54 while sitting at the table eating; death said to be due to heart disease. A brother of the doctor died suddenly at 51. A sister died at 51 of heart trouble, being sick only eight minutes. Here is a remarkable history of prematurely old coronary vessels, running from one generation to another. Had the father lived to reach the age of 51 he, too, might have fallen a victim to the same family disease.

We must, therefore, recognize in heredity one of the most important causes for the early development of arterio-sclerosis. Recognizing as a fact that many of the deaths in old age are due to the effects of this vascular condition, we may truly say, as was said in 1849, by Cazalas (Whittaker), that a man is as old as his arteries. Many a man, therefore, at 45 may in reality, if we look at him from the arterial standpoint, be 70, liable to the same cerebral hemorrhage or contracted kidney, the same heart affections.

Senility.—Arterio-sclerosis is a physiological process that develops during old age. When it develops in the aged, however, there is less liability to the accidents that are incident to this condition, as old age brings with it weakened action of the heart, less

physical exertion and in every way less strain upon the blood vessels. Yet even in the aged we know that death is frequently caused by the rupture of a blood vessel in the brain, by aneurism, by the sclerotic kidney or by the sclerosed valves or arteries of the heart.

Toxemia.—This is a most prolific cause of arterio-sclerosis. Among the poisons that most frequently produce the condition must be mentioned alcohol, lead, and the poisons of syphilis, gout and rheumatism. In just what manner these changes are brought about it is perhaps impossible to say, but the clinical and post-mortem evidence of a causal relation is indubitable.

Increased Peripheral Resistance.—Here must be classed those cases that appear in individuals who have habitually consumed large amounts of food and drink, or who have been the victims of overwork; there has been repeated overtaking of the vessels by increase of fluid to be propelled or work to be done. Under this head also will be classed some of the cases that occur in connection with Bright's disease, though here, of course, the element of toxemia cannot be eliminated. Many cases of Bright's disease, however, are secondary to a primary general arterio-sclerosis. In fact, it is in many instances impossible to tell whether we are dealing with a primary renal trouble to which the vascular changes are secondary, or with a primary vascular disease, a kidney trouble being the result of the changes in the blood vessels of that organ.

In not a few instances we see good examples of a combination of these causes. The alcoholic who has had syphilis and a succession of acute infectious diseases, and has done hard physical labor, perhaps in lead, falls an early victim to some disease brought about by the damage wrought to his vessel walls.

To repeat to you the facts concerning the manifestations of arterio-sclerosis in the various organs of the body would be to rehearse that too familiar story of the contracted kidney, the interstitial nephritis—with its train of uremic symptoms, its headache, vertigo, muscular cramps, dyspnea, gastric disturbances, amaurosis, cardiac changes and cardiac symptoms, perhaps the sudden rupture of the vessel in the brain, whose weakened wall yields under the strain of the laboring heart's exaggerated pressure and pours forth the blood that benumbs all pain and consciousness of suffering, and with kindly hand throws the veil of unconsciousness over its victim. Swift but blessed is the apoplectic stroke that spares us the closing

scene of anasarca or coma or convulsions, that takes both consciousness and life without warning and before suffering has made existence a misery, and the slowly approaching end a never-ceasing nightmare of dread.

To repeat to you the facts concerning arterio-sclerosis would be to tell you the well-known story of the young man, the victim of alcoholism and of syphilis, old before his time, as his father was before him, paying the early penalty of his sins by that worse than living death, a cerebral thrombosis, that by useless limbs and faltering speech unfits him for all else save the mournful reflections on an unhappy past and the gloomy forebodings of a life without hope. I need not repeat these stories, nor the tale of the vessel that yields in aneurismal dilatation, or the vague brain symptoms, that in spite of recognition and skilled treatment, go relentlessly forward. These tales are familiar to you all. And so is the picture of the man of ripe old age with arteries whose walls slowly harden, producing changes in all organs so gradually, so quietly, so uniformly that we say not that the man has a sclerotic kidney, a sclerotic valve or sclerotic cerebral vessels, but simply that he is old. Senility is universal, late, physiological arterio-sclerosis.

But I cannot let the occasion pass without speaking, though very briefly, of a phase of arterio-clerosis that, well recognized in all our later text-books, is, in practice, too often overlooked. I refer to arterio-sclerosis as it affects the heart.

Arterio-Sclerosis of the Heart.—Arterio-sclerosis affects the heart in three ways: (1) It frequently involves the valves or the endocardium by a direct extension from, or a simultaneous involvement of, the intima of the aorta with which the endocardium is continuous. Naturally, because of its anatomical location, the aortic valve is the one most commonly involved. The leaflets are thickened, deformed, often united, and so imperfect functionally that regurgitation or obstruction is the common result, much oftener the former. The signs and symptoms of this condition in cases of sclerosis are the same as when due to true inflammatory processes. There is the same left heart enlargement, the same muffled first tone, the diastolic murmur, the capillary pulse, the waterhammer pulse and the peripheral tones. We can only suspect that the leak is due to sclerosed valves, because of the other evidences of sclerosis, as in the radials or temporals, or in the kidneys as revealed by the urinary findings, or by the knowledge of the

existence of causes predisposing to arterio-sclerosis and by the absence of symptoms following a rheumatism, etc.

It is not at all uncommon to find in the aged the murmur indicating a slight aortic leak, or oftener a systolic murmur due to a roughening of these valves without the other symptoms and signs indicating a true lesion of any clinical importance so far as interfering with the function of the valves is concerned. Posterior spinal sclerosis is not infrequently accompanied by sclerosis of the aortic valves.

The mitral valve may, in a similar manner, be thickened, though less commonly than the aortic.

(2) Peripheral arterio-sclerosis will cause hypertrophy of the heart from increased work. Typical instances of this condition are seen where we have a general diffuse arterio-sclerosis, particularly when the aorta is markedly atheromatous, or a kidney the seat of marked sclerotic changes. The "cor bovinum" is not infrequently met with under these circumstances. When hypertrophy fails and dilatation is marked we find the dyspnea, edema, and murmurs of relatively incompetent valves, as in cardiac failure from any other cause.

(3) Coronary sclerosis. This may be at the very entrance to the artery, as when an atheromatous plaque, perhaps with calcareous mass or fibrinous deposit, obstructs the opening. This is often, strictly speaking, an aortic sclerosis or atheroma. Marked interference with the circulation of the heart results. Its function is disturbed, even to its cessation, with consequent death. The sclerosis may be anywhere in the course of the coronary vessels and may lead to various results.

A somewhat famous case in medical literature is that of Thorwaldsen, the famous Danish sculptor. He died suddenly in the theater in Copenhagen. The autopsy revealed coronary sclerosis with calcification. In the wall of the left coronary artery was found an atheromatous abscess that had ruptured and discharged its contents into the lumen of the vessel, which was entirely occluded by the pultaceous mass.

Coronary sclerosis is the common cause of true angina pectoris. Just what occurs in the artery in each individual case when there is one of these agonizing attacks is not definitely known. Perhaps it is a spasm, or a thrombus completing the occlusion of a twig of a vessel, an embolus, or the blocking of the opening to the artery by

an atheromatous plaque in the aorta. But it is coronary obstruction.

By true angina pectoris is meant a severe cardiac pain described as boring, grasping, vise-like, often radiating to the left side of the neck and down the left arm, or to more remote regions, unattended by marked involuntary dyspnea and rarely by loss of consciousness, but by a sense of impending death.

Pseudo-angina is, *strictu sensu*, a neurosis, a cardiac neuralgia, of psychic origin, as in hysteria, or due to toxemia and neuralgia in the cardiac nerves, as in chronic poisoning from nicotine, tea, coffee. The pain is commonly less severe, the sense of impending death is lacking, there are marks of hysteria; the evidences of peripheral arterio-sclerosis may be lacking. In true angina the patient sits up, the picture of suffering, the breathing rapid and shallow; he rarely moves. In pseudo-angina he—or she—often walks the floor making great complaint of pain, or tosses about in the bed groaning and crying with the suffering.

When a smaller twig of a sclerosed coronary vessel is occluded by a thrombus there results an infarction of the area supplied by this—often a terminal—vessel. This anemic and really necrotic area—cardiac myomalacia—is gradually replaced by fibrous tissue, and we find, therefore, in place of normal muscle, nerve and vessel, a homogeneous area with thin bands of fibrous tissue running through it—the *Herz Schwiele*. This area is a weak spot in the wall. It may yield in a cardiac aneurism or give way entirely and lead to rupture of the heart. (1)

Generally many such patches, smaller and larger, are found in a heart whose coronaries are thus affected. The areas show as grayish-white streaks on cut section, which is preferably made parallel to the surface of the ventricle. The left ventricle is the commonest site of these patches. As a result of the accompanying peripheral sclerosis and of the compensatory hypertrophy of unaffected muscle fibres these hearts are commonly hypertrophied as well as dilated. Where these areas are extensive one can easily understand that the musculature as a whole is weakened, its dynamic power is lessened.

It can be readily understood that a myocarditis may reveal itself by few symptoms, so long as the healthy fibres are 'sufficient to keep the heart properly at work. But the time comes when the muscle begins to fail. Possibly, intrinsic cardiac nerves have been involved in the fibrous infarcted area. No wonder, then, that the heart beats

(1) See an excellent account in the death of Panumin Fraentzel's *Herzkrankheiten* Bd. III. p. 51.

with comparative feebleness and with a lack of rhythm. Feeble heart action and arrhythmia are commonly met with in chronic fibrous myocarditis. Dyspnea is noted with cyanosis and palpitation. Edema of the lower extremities appears.

Now, if we examine one of these patients who presents the symptoms of cardiac disease we are struck by the fact that the murmur, altered tones, and secondary physical signs of valvular disease are lacking. As a general rule—to which there are some exceptions—one may say that, given a feeble, arrhythmic, enlarged heart with absence of signs of valvular disease, the diagnosis is reasonably sure of myocarditis. A little later the walls yield, the cavities dilate, the murmurs of relative incompetence of the valves appear with the positive venous pulse and greatly increased edema. Diagnosis under these conditions is far more difficult than before the development of the murmur, as one is apt to regard the murmur as an evidence of an organically diseased valve. We are led to think more strongly of a coronary sclerosis with secondary myocardial changes when we find sclerosed radials and temporals. Yet we must remember that coronary, as aortic and cerebral sclerosis, may exist without implication of the radials or temporals. And, again, while an arrhythmic pulse—at times *delirium cordis*—is the rule in myocarditis, the pulse may be temporarily or even permanently regular in rhythm and in strength. In these cases, too, attacks of angina are not uncommon.

I was sent for a year ago to see a man whose family physician I had been for six years. He had never had occasion to consult me before concerning his own health, and seemed a vigorous and well-preserved man of fifty-five. When I reached the house I found another physician had been called in, as the pain in the left chest had been so severe that the family felt they could not wait for my somewhat tardy and uncertain arrival. The pain had lost its intensity, but there could be little doubt from its severity, location, radiation down the left arm, and the feeling of impending death that it caused, that it was a true angina. The pulse was regular, full; vessels not perceptibly thickened; heart tones pure, and heart but very slightly enlarged. Ten hours later a sudden return of the pain occurred and he died within a few seconds after crying out with the pain. The autopsy showed coronary vessels with greatly thickened walls calcified in places, and with many small areas of fibrous tissue scattered throughout the myocardium.

The irregularity in the manifestations of coronary sclerosis, at one time presenting the picture of angina pectoris; at another, cardiac hypertrophy and dilatation; at another, closely resembling valvular disease, with sclerotic or apparently normal peripheral vessels, with pulse constantly regular or acting deliriously—all these make a diagnosis a matter of extreme difficulty in certain cases. With care, however, a probable diagnosis can be made in almost every instance. Yet such an observer as Fraentzel speaks on this point with extreme caution, fully acknowledging his inability in a certain group of cases to reach an ante-mortem diagnosis. (Vol. III. p. 36.)

This presentation of the subject has accomplished its purpose if it has served to emphasize two points, (1) the conception of arterio-sclerosis as a general process—this clarifies our vision in otherwise apparently complex cases of diseases of the heart, brain, kidneys; (2) the importance of recognizing coronary sclerosis and fibrous myocarditis and of not confounding them with valvular disease; for the treatment, concerning which it is not my intention to speak, is in many particulars different from that of valvular disease.

103 State Street.

AN EFFICIENT BANDAGE FOR FRACTURES.*

By Dr. F. J. CLIPPERT,
Delray, Mich.

If I may be permitted I want to correct the published title of my paper, and state that it should read "An Efficient Bandage for Fractures." In the whole domain of surgery, there is probably not one operation which calls for greater knowledge and application of detail than the treatment of fractures, and, to my mind, no surgical condition admits of greater diversity of practice and thought. In this paper I have no new suggestions to offer to the general indication laid down in the treatment of these lesions by Hamilton in his work on "Fractures and Dislocations," namely, first, to reduce the fracture, secondly to maintain it in place, and thirdly to control and prevent inflammations and other complications. It makes little difference as to the methods followed if we meet the indications above outlined.

I simply desire in this paper to present a simple description of

*Read at the meeting of Wabash Surgeons at St. Louis, Mo., Nov. 11th, 1897.

the advantages possessed by the bandage which I use in my practice over many others which are commonly used, such as plaster paris, starch, gum shellac, cloth muslin and others. The bandage which I exhibit is known as the "Crinoline" or "crown lining." It is 2½ in. wide, by 12 to 20 ft. in length. In selecting this fabric care should be taken to obtain only the starched crinoline. There is a stuff manufactured and stiffened with flour which is worthless as a bandage. The advantages which I claim for this material I may say, at the outset, is that it is easy of application and when moistened with water it soon becomes stiff again, making a very compact and neat dressing that is firm and will not shift easily. Besides, if it is desired to make the bandage more firm, the meshes of the fabric are such that they can easily be filled in by dusting thereon the dry plaster paris or starch, and afterwards moistened with water upon the hands, quickly sets. Ease of preparation and cleanliness are matters for consideration in surgical dressings, which qualifications are possessed by the crinoline bandage, and, when plaster paris is not used they are certainly not affected by temperature. Given a case of fracture at the surgical neck of the humerus. I have had two such cases recently, both occurring as the result of direct violence in persons aged respectively 55 and 67 years of age. In both of these cases, I adopted the following plan of treatment:

After the reduction of the fracture, as well as possible, I moistened thoroughly a heavy piece of card board cut large enough to extend above the shoulder joint to the elbow, and applied to the outside of the arm, enclosing about one-half of the circumference of the limb. This I allowed to become dry after it had been perfectly molded before I secured it to the arm. A second short splint was applied on the inner side of the arm, the same precaution being taken as in the other case. Both of these splints were then, of course, carefully padded and then made fast to the arm first with the ordinary roller bandage, after which the crinoline bandage was applied in the following manner: the roller of crinoline was wet with tepid water and carefully applied in successive layers; separate turns were taken around the body over a protective of sheet wadding to secure the arm to the side. After this dressing my patients were advised to maintain perfect quiet until the bandages hardened, and, as a result, in a very short time a perfect cast was obtained. After removal of these bandages I found that the whole dressing, besides having the advantages above spoken of, were extremely

light and the patients complained none whatever of either the weight of the dressing or any of the other annoying inconveniences, which most dressings have. During the whole time that the dressing was applied the patients went about feeling perfectly secure that no accident should occur to the injured limb because of their doing so, while I had none of the usual annoyances which the surgeon experiences when the ordinary muslin bandage is applied, such as dressing becoming continually loose, etc.

I have been using this bandage in my practice during the past year, and it has always yielded me most satisfactory results. I presume that many of the gentlemen present have had experience with this dressing. To those who have not NOT, I desire briefly to commend it as an efficient and simple method of dressing fractures.

The physicians who are making preparations to attend the annual meeting of the American Medical Association which is to be held in Denver in June, will have the choice of several desirable routes, and the various railroads centering at Denver are already offering inducements to secure their respective portions of the travel to the Denver meeting. Special trains equipped with the finest Pullman and Dining cars, and in charge of experienced officials, will be run in the interest of the medical fraternity, and every convenience, comfort and luxury that can be afforded by railroad companies will be granted the tourists on this occasion. In and about Denver are many places of unusual interest, particularly to those who admire magnificent scenery, and special or side trips have been arranged for the purpose of visiting these places.

In this number of the JOURNAL-MAGAZINE will be found several advertisements of trunk line railroads, which make through connections to Denver and are offering special inducements to the medical men who will go to Denver in June. Our readers will do well to write the passenger agents mentioned regarding rates and other information relative to the Denver trip.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of February:

	Cases.	Deaths,
Diphtheria (including Membranous Croup).....	4	2
Scarlet Fever ..	2	0
Measles	not rep	0
Typhoid Fever	0	0
Tuberculosis	not rep	6
Cerebro-Spinal Meningitis.....	0	0
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
Total deaths from all causes.....		46

MUNICIPAL LIABILITY FOR INFECTED WATER SUPPLY.

Society has not as yet become fully adjusted to the revolutionary changes imposed upon it by modern scientific achievements. There are many ways in which the readjustment will have to be made. A very suggestive case has recently occurred in Wisconsin, in which Mrs. L. B. Green, a widow, sued the municipality for damages, because of the death of her husband from typhoid fever caused by drinking polluted water furnished by the city. The jury sustained her claim and gave her a verdict for \$5,000. This conclusion, if concurred in by the higher courts, raises a question in regard to every public water supply, which city officials will be bound to respect. So long as there is no recourse culpable negligence will continue to be shown in the matter of public water supply; but once let it be known that when a municipality goes into the business of furnishing, at so much a gallon, so important an article of diet as water that it has the same degree of responsibility as any other vender of foods, the case assumes an entirely different aspect.

This is plainly the most reasonable view to take of the entire subject. There is no more excuse for poisoning a resident or a visitor within the limits of the municipal corporation by water furnished by said corporation, than there is by poisoning him by milk furnished by negligent or criminal dairymen. The law deals with the latter very promptly, and it is an easy and plainly a necessary step to apply the same principle of justice to the former.

We are reminded by Dr. Josiah Hartzell in a recent article that Dr. Benjamin Rush more than 50 years ago "foretold that in the coming time a case of typhoid fever will be followed by the arrest and punishment of those to whose negligence the case was attributable." This day is this prophesy fulfilled before our eyes.

G. W. McC.

THE ANTIVIVISECTION BILL.

Unless there be an awakening of those having at heart the best interests of humanity and science, the bill now before the Senate is likely to become a law. This bill, if passed, will practically prevent experiments upon animals in the District of Columbia and

will act as an entering wedge to the enactment of similar laws elsewhere.

It is only necessary, in the opinion of the writer, that the legislators have their attention directed to the bill sufficiently to cause them to study it before voting upon it, in order to secure its defeat.

The bill, from beginning to end, is a tissue of false assumptions, ignorance and mis-statement, resting upon a foundation of inane sentiment. The passage of such a law is an insult to the medical profession and all other scientific investigators who make use of vivisection in prosecuting their work, for it assumes that these men are cruel and inhuman and make vivisections that are unnecessary and profitless. Since when, pray, has the police justice or the jurymen been a better judge than the investigator himself of the value of the facts obtained from vivisection? Since when have council chambers and commissioner's chairs been filled by expert judges of biologic, physiologic and pathologic questions, and high priests of humaneness. And yet this bill, if it becomes a law, will make it necessary for every one who desires to experiment upon live animals in the District of Columbia to obtain of the commissioners of the District a license. It also gives the commissioners the power to require of the experimenter that he report to them at their will, when, if, in their judgment (mark it, judgment), the experiments are worthless or unprofitable or the methods employed by the experimenter are in any way objectionable, they may revoke the license.

If this bill becomes a law we shall not be surprised to hear soon of the introduction of a bill to prevent the use of antiseptics on the ground that it hurts the microbes.

At the last meeting of the Allen County Medical Society the following preamble and resolutions were unanimously adopted:

"Whereas, a bill entitled 'A Bill for the Further Prevention of Cruelty to Animals in the District of Columbia,' known as Senate Bill 1,063, is now before the Senate; and

"Whereas, this bill is based upon an assumption entirely false, viz.: that unnecessary cruelty to animals has been indulged in by scientific experimenters; and

"Whereas, the title of the bill is misleading in that it does not indicate its true aim, which is, solely, to restrict and regulate experiments upon animals; and

"Whereas, the authorship of the bill is claimed by the Washington Humane Society, which in its annual report for

1895, makes the following statement, which is false, viz. (speaking of vivisection): 'The inhuman practice, which, according to the oft-expressed opinions of the best physicians and surgeons, is of no practical value to science and medicine'; and

"Whereas, no one familiar with the needs of scientific medicine or biology has been consulted in the drafting of the bill; and

"Whereas, the bill, if it becomes a law, will seriously interfere with the scientific work of the Bureau of Animal Industry; and

"Whereas, the bill, if it becomes a law, will make easier the passage of similar laws elsewhere and thereby seriously interfere with the advancement of medical science and the protection of human life;

"Resolved, that we, the Allen County Medical Society, enter an earnest protest against the passage of Senate Bill 1,063, because we believe, with all other scientific bodies, that its passage would be detrimental to the best interests of science.

"Resolved, that we urge Senators Charles W. Fairbanks and David Turpie, and J. M. Robinson, M. C., to use their best efforts to prevent the passage of the bill, and that we shall watch with deep interest the attitude which they assume in the matter.

(Signed)

MILES F. PORTER,
W. P. WHERY,
K. K. WHEELOCK,

Committee.

Every society in the State should take action in this matter at once. P.

THE QUARANTINE CONVENTION AT MOBILE, ALA.

Quarantine laws and quarantine problems were discussed to a finish apparently at Mobile, on the 9th of February. Many and varied were the opinions expressed and the plans suggested as to how best to accomplish effective control of contagious and infectious diseases, but the advocates of governmental supervision appear, from the reports, to have carried the day.

The question of state rights was paraded as usual and the tendency of paternalism deprecated, but the recital of former experi-

ences under this plan which proved ineffectual, and the fact that the government is always called upon anyway for help in fighting epidemics, finally led to the adoption of the following resolutions:

“Resolved, That it is the sense of this convention:

“1. That Congress be requested to provide for a department of health as soon as practicable.

“2. That it is the sense of this convention that Congress should enact laws to provide for an efficient maritime quarantine, to be uniform and impartial in its application to the different commercial ports of this country, so as to give no one or more of them undue commercial advantage over the others, and to be enforced by the several State and municipal quarantine or health boards, if they will undertake so to do, leaving also to the States the power to prescribe and enforce additional reasonable safeguards of the health of their communities, provided that such State action shall not unreasonably obstruct commerce.

“3. That Congress should aid the several States in establishing and maintaining uniform, reasonable, and efficient quarantine laws for effecting, but not regulating, interstate commerce, leaving to each State adequate power to protect as it shall deem best the lives and health of its people.

“4. That Congress should leave exclusively to the States the regulation of their purely internal commerce and the provision of such quarantine and sanitary laws and regulations as they may deem advisable to that end.

“5. That in the framing of quarantine laws and regulations and in their enforcement Congress should avail itself of the learning, experience and ability of the medical profession in the fullest measure possible, and especially by way of an advisory council.”

THE DEPARTMENT OF PHARMACOLOGY.

We take pleasure in announcing that we have recently added a new department to the *Journal-Magazine* which will be known as the Department of Pharmacology, which will be in charge of Wm. O. Gross, A. M., M. D., Ph. G., Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine. Dr. Gross has not only had extended experience as a teacher and experimenter, but

for years has conducted one of the largest and most enterprising pharmaceutical houses in northern Indiana and will render marked service in conducting such a department as already outlined. We believe that our readers will fully appreciate the value of this new feature, which will be conducted in the interests of legitimate and progressive pharmacy.

OBITUARY.

DR. T. P. McCULLOUGH died of chronic Bright's disease on the 17th of February, at his home in this city.

De mortuis nil nisi bonum: If all the dead were like our "good old doctor" the above sentiment would never have found utterance, for of such as he nothing in truth can be said save that which is good.

No eulogist could do justice to Dr. McCullough's character. The writer only repeats what he has heard from the lips of many when he says that Dr. McCullough was the most lovely character he ever knew. Modest, courteous, cheerful, kind and forgiving, his life was one long beautiful object-lesson in that grandest of all virtues—charity. The sorrows of his life were many and their burden heavy, yet he bore them without complaint and alone, never, by even so much as a sigh or a look of sadness, did he ask his friends to share his load. Robbed by death of his estimable wife after but six short years of wedded life, his face never lost its kindly smile and his nearest friends knew how deep and lasting was his sorrow, only through the silent and beautiful tribute of love which he paid to her memory of 35 years of pure and lonely widowhood. His younger son, Gustine, a dentist, died in 1891. One year later death claimed his son Howard, the only remaining child, just as he was entering upon a medical career of extraordinary promise, and yet he carried with him into the many sick rooms he visited that same glad face, a glance at which, in the words of his pastor, "was good for a sick or well person."

The power for good of such a life as Dr. T. P. McCullough lived can not be over-estimated. The influence of such a life is cumulative in its action and endures while time lasts. Would that every community might be blest by a Dr. McCullough!

We shall miss him and yet the sorrow we feel at his death is mitigated, yes, almost turned to gladness, by the thought that he has gone to enjoy an eternity of rest, in the bosom of his family, in a realm where sickness and death do not enter, where sorrow does not come and parting is unknown.

The following biographical sketch is taken from the Fort Wayne Daily News of Feb. 17:

"Dr. Thomas P. McCullough was a native of Adams County, Ohio, where he was born on the 5th of June, 1823. In the agnatic line he was descended from sturdy Scotch ancestors, the family having been identified with American history from an early period.

"John McCullough, his father, was a native of the Old Dominion state. He died in Sidney, O., in 1841, at the age of 73 years. His mother's maiden name was Esther McClung, was a native of Maryland, and died in 1850. Thomas P., the youngest child, was educated in the common schools of Sidney, and passed his boyhood days on the frontier farm. When he attained his majority he followed out the course which his ambition had defined, going east and entering Jefferson Medical College, Philadelphia, where he secured a thorough technical discipline and graduated as a member of the class of 1847. He had previously been enabled to round out his more purely literary education by careful private study and application, so that he was well prepared to follow out the work which fitted him for the practice of his chosen profession.

"Immediately after his graduation he located at Dayton, O., and there entered upon that professional career which has so redounded to his honor and credit. He remained in Dayton only a short time, as he was soon afterwards tendered a position as assistant physician in the Ohio Hospital for the Insane at Columbus. He held this office and discharged its duties with great efficiency for a period of three years, but he was not yet satisfied with his professional attainments, wishing to place himself on a level with those whose knowledge was at the highest standard of the science of medicine at that period.

"Accordingly he went to New York City, where he took an extensive course of lectures in the College of Physicians

and Surgeons, one of the leading institutions of this kind in the United States. After this post-graduate course of study and investigation he returned to the west, locating at Indianapolis, Ind., where he was tendered a position as assistant physician in the Indiana Hospital for the Insane. After serving in this capacity for two years he came to Fort Wayne, where he was for a time engaged in the practice of his profession, but finally went to Des Moines, Ia., where he remained until 1860.

"In this year he came back to Fort Wayne, and re-established himself in practice. Here he has lived ever since, having built up a large and representative practice, which he maintained throughout the many succeeding years. Although somewhat enfeebled by his advancing years, he has at all times been in the front rank of the physicians of the city.

"In 1857 Dr. McCullough was united in marriage to Miss Ella D. Gustine, a native of Pennsylvania. They became the parents of two sons. Howard, who was graduated at the University of Pennsylvania, in 1882, and took a post-graduate at the same institution, located as a physician in Fort Wayne, where he died in 1892, at the age of 32 years, recognized as a young man of the brightest promise. Gustine, the second son, attended a course of lectures in the Missouri Dental College, St. Louis, and came to Fort Wayne, where he died in 1891, at the age of 30 years. Gustine married Georgiana Saunders, who died in the same year as her husband, leaving one child, Ella G., who has since lived with her grandfather. Mrs. McCullough, the devoted wife and mother, died in 1863, so that in his advancing years this one grandchild was all of the immediate family left to him.

"Besides Miss Ella G. McCullough, grandchild of the deceased, he leaves two nieces, Mrs. George Fowler and Mrs. Sally (Updegraf) McVey, both of whom were present at the time of his death, and a brother in Kansas, whose address at present is not known." P.

NEWS NOTES AND COMMENTS

Dr. J. E. Miller, of Fort Wayne, who for several months has been in failing health, left on the 5th inst. for Mexico, where he expects to remain the greater portion of the year to rest and recuperate. It is hoped that the doctor will find the change beneficial, and return much improved and able to resume his practice.

The examination of 150 male employes in a large tobacco factory of St. Louis, all of whom use tobacco either by chewing or smoking, revealed impairment of vision in every case. In fully one-third of the number color blindness was marked, the men mistaking red for brown or black and green for blue or orange. Many were unable to distinguish the white spot in the center of a black card.

A Chinese edition of Gray's Anatomy is now in course of preparation by Dr. H. T. Whitney, president of the Medical Missionary Association of China. To one who appreciates the difficulty in translating even an ordinary English paragraph into the Chinese language this task seems almost beyond accomplishment. If the translator completes the work as designed he will be deserving unusual honor.

The Chicago Ophthalmological and Otological Society gave a dinner at the Athletic Club, Chicago, on February 8th, to Dr. E. L. Holmes, retiring president of Rush Medical College, to commemorate his long and valuable services to ophthalmology and to felicitate him on his seventieth birthday. About thirty members of the Society were present to do honor to Dr. Holmes, and after dinner speeches indicated that few, if any, of the ophthalmologists of Chicago were free from obligation to Dr. Holmes for wise counsels and favors of a substantial character, and all were loud in their praise of his noble characteristics.

It will be news to many of the physicians throughout the country to know that a system of examinations to determine appointment of pension examining surgeons has been established, and the department has recently issued instructions in effect that an examination will be held at Washington on March 5th to fill vacancies at Bridgeport, Conn.; Lynn, Mass.; Washington, Ind., and Vicksburg, Miss. Applicants must be graduates of reputable medical colleges and not barred by state or other laws. The subjects of the examination are as follows: Thesis, anatomy and physiology, physical diagnosis, general and special pathology, and surgery. Appointments will be made upon the percentage plan.

The *Medical Record* announces that there is trouble ahead for lovers who live in the State of Ohio, a reformer in that State having introduced a bill in the legislature which requires that persons applying for marriage licenses shall pass a medical examination. The bill forbids the issuance of a license to any person suffering from dipsomania, insanity or tuberculosis. It provides for an examining board of three physicians in each county.

This, to a certain extent, is carrying out a suggestion offered in the editorial columns of the *Journal-Magazine* several months ago, that physicians should perform the marriage ceremony and be held responsible for the health of the individuals that they unite in matrimony.

The preliminary announcement of the Indiana State Medical Society has been issued by the chairman of the committee on arrangements. The annual meeting of the Society is to be held in Lafayette on Thursday and Friday, May 5th and 6th. The sessions of the Society will be held in the chapel of the Purdue University except the evening session, which will be held in the Trinity Methodist Episcopal Church. The Tippecanoe County Medical Society will tender a reception at the Lafayette Club immediately after the evening session. Free street car transportation will be provided members to and from Purdue University. Those attending the meeting will have the advantage of a fare and one-third for the round trip, granted by the Central Passenger Association. Titles of papers that will be presented at the meeting will be accepted instead of the papers themselves, but no title will

be received after April 15th. The titles must be of papers that have been recommended by county societies, and the announcement of the title must be accompanied by a certificate from the secretary of the county society from which such paper is referred. The members of the Tippecanoe County Medical Society extend a cordial invitation to all members, and particularly request that wives and sweethearts be present, as ample entertainment has been prepared for them. It is hoped and expected that a large number of members will attend the annual meeting.

The preliminary program of the third annual meeting of the Western Ophthalmological, Otological Laryngological and Rhinological Association has been issued by the secretary, Dr. Frank M. Rumbold, of St. Louis. The meeting is to be held in the rooms of the Chicago Medical Society in the Stewart Building, corner of State and Washington Streets, Chicago, on Thursday and Friday, April 7 and 8, under the presidency of Dr. B. F. Fryer, of Kansas City. The work will be divided into two sections, one for ophthalmology, the other for otology, laryngology and rhinology. Joint sessions will be held each day, and at each an address will be delivered by men of prominence who have been selected for the purpose. For the ophthalmological section seventeen papers are already listed, and for the otological, laryngological and rhinological section fifteen papers. Thursday evening has been reserved for entertainments, which will be provided by the local committee on arrangements. A fare and one-third for the round trip has been granted by the Central and Western Passenger Associations, and the Grand Pacific Hotel has made a special rate of \$2.00 per day for outside rooms with bath, European plan. It is expected that this meeting will be largely attended and of unusual interest to those interested in eye, ear, nose and throat work. The meeting place is all that could be desired, and the well-known progressiveness and hospitality of the Chicago medical profession is sufficient guarantee that the visitors will be well taken care of.

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MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

HYSTERICAL ISCHURIA: VICARIOUS ELIMINATION OF UREA.—
In the *Progres Medical* of February 5th, 1898, Professor Guisy, of Athens, has recorded the following extraordinary case: A widow, aged thirty-nine years, had, since the severe blow caused by the loss of her husband, suffered from nervous attacks, especially when worried. She trembled, had noise in the ears, severe headache, fell to the ground, and had hallucinations. One day the death of her eldest boy was announced; one of these attacks came on, after which she suffered from weakness of the legs and loss of sleep and appetite, and she wept continually. A few days afterwards she vomited several times a day and the quantity of urine passed became reduced to about a small teacupful every two or three days. On the eighth day of the suppression of urine a discharge of yellowish liquid with a urinous odor from the nose, eyes, ears and vagina began. When seen by Professor Guisy on the following day a disagreeable urinous odor was perceptible on approaching the patient; the eyes and nostrils were congested and swollen, and from them flowed continually a liquid looking like serum, a little cloudy, with an odor somewhat ammoniacal. From the ears the same fluid flowed, but it was very pale. An analysis of the fluid showed 3.64 grammes of urea to the litre, some pus globules, and mucous. The patient continued to vomit; the fluid ejected also had a urinous odor and contained urea. There was neither diaphoresis nor diarrhoea. Hysterical symptoms—anesthesia, paraesthesia and paresis—were

present. Gradual improvement took place. On the tenth day she vomited only four or five times, on the twelfth she commenced to micturate and passed 150 grammes of urine in twenty-four hours, and on the sixteenth 600 grammes. We consider that this case is in most of its features typical of a rare and little known condition—hysterical ischuria—and in one respect—the vicarious excretion of urea from the nose, ears, conjunctiva and vagina—unique in medical literature. The question may occur to the reader, “Was there not, as often happens in hysteria, deception on the part of the patient?” The answer to this is that such an assumption is powerless to explain the most extraordinary feature of the case—for the vicarious urinary excretion was observed by Professor Guisy and the presence of urea demonstrated by chemical analysis. Moreover, as we have said, the case in many respects is typical, and it is not to be supposed that the patient had a scientific knowledge of her complaint. Indeed, the same doubt has been raised on the whole subject. In 1841 Laycock described oliguria and even total suppression of urine as a transient phenomenon. Charcot afterward named the condition hysterical ischuria and vindicated its claim to a place in pathology, from which it had been discarded. Often for several days there is no secretion of urine and repeated vomiting occurs. The vomited matter may present, it is said, the appearance and give the odor of urine.

Charcot pointed out that in experiments on animals vicarious elimination of urea from the intestine occurs. As far as we know in man the vicarious excretion of urea has never been proved in these hysterical cases by chemical analysis before, but in Bright’s disease urea has been detected in the sweat. As to explanation of suppression of urine it is simply an example of functional disturbance which may be produced in any organ in hysteria. The peculiar manner of vicarious excretion will not appear so incredible when it is remembered that the normal functions of the organs which performed it are not more diverse from the renal function than are those of the intestine and skin, which can admittedly excrete urea. In the ears possibly the ceruminous glands were the agents of excretion. It is to be regretted that more detailed observations on this and other points are not given.

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED. J. HODGES, B. S., M. D.,

Professor of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

INJECTIONS OF ALCOHOL IN CANCER: Sajous (*Monthly Cyclo-pedia*, Jan., 1898) in a leading article, makes an earnest plea that injections of alcohol be given a further and faithful trial in the treatment of cancer. Certainly no other agent has accomplished the results that alcohol has in inoperable cases of cancer. The *Journal-Magazine* would be glad to have its readers use the remedy and report results.

OPERATION FOR FISTULA.—Henderson gives his plan for avoiding transverse section of the anal sphincters in operation for fistula. He makes a long incision in the line of the muscular fibres, and splits the muscle sufficiently to allow the fistula to be dissected out. In complicated cases with multiple fistula he cuts the sphincter attachments at the coccyx, thus giving room for getting behind the sphincter and dissecting out multiple fistula tracts, without making transection of muscle.—*Mathews' Med. Quarterly*.

TO PREPARE CATGUT.—Originality is claimed only for the combination in the following:

R Potassi bichlgr. i.
Aquae $\frac{5}{8}$ i.
Formaldehydem. x.

A good quality of gut is placed in ether for twenty-four hours, then washed in alcohol, wound upon glass spools, and put into the above solution for twenty-four hours. It is then to be stored in pyoktanin solution (1 to 1,000). Thus prepared, it is aseptic, anti-septic, non-absorbable for from ten to forty days, while its strength is not impaired. Rinse in sterilized water before using.—*W. D. Jones in Med. Rec. (Railway Surgeon)*.

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

FIBROID TUMOR OBSTRUCTING LABOR.—Dr. E. P. Mallett, of New York, found a woman in labor whose entire pelvis was filled by a large fibroid and the uterus crowded up so high that the cervix was way up under the symphysis. Chloroform was given and the patient placed in the Trendelenberg position by means of a chair turned upside down on the bed. In this way the tumor was pushed up out of the way and the woman delivered of a live child. The fibroid was removed three months later.

RUPTURE OF THE UTERUS.—The *Medical Times and Register* publishes the notes of a case of a healthy woman, 30 years of age, mother of three children, who, while at the third month of utero-gestation, aborted from natural causes. At a previous labor she had sustained two tears of the cervix, one small, the other through the internal os.

The fetus was born before the arrival of the attending physician, who proceeded to deliver the membranes, when he found a large rent in the uterus admitting his fingers into the abdominal cavity. Laparotomy was at once performed and the rent stitched. She reacted well, but died in collapse on the third day. No autopsy.

The rent is supposed to have been produced by muscular contraction in the absence of any other sufficient cause. It extended from the angle of the old tear to the fundus.

DEPARTMENT OF DERMATOLOGY AND GENITO-URINARY DISEASES.

IN CHARGE OF GEO. C. STEMEN, A. M., M. D.

Professor of Materia Medica and Therapeutics and Assistant to Chair of Surgery in the Fort Wayne College of Medicine, Fort Wayne, Ind.

LITTLE THINGS IN DERMATOLOGY.—Dr. L. Duncan Buckley, in an address before the Lehigh Valley Medical Association, said that apparently trivial things often go very far towards making or marring success in the treatment of skin lesion. Routine treatment

is as bad as empiricism, for without the intelligent carrying out of treatment, the results will be as disastrous as though proper recognition of the trouble is wanting.

In the treatment of skin lesions one should not make a hasty diagnosis and consider that any old treatment will do. It is so easy to call any skin lesion eczema or nettle rash and this frequently means unsatisfactory results both for the physician and patient.

Too great reliance must not be placed in drugs, especially the new therapeutic agents which are many times too highly recommended, and in the management of a large number of cases attention to the minor details in connection with simple medication will oftentimes prove the most beneficial treatment of all. As upon the nutrition of the skin must depend the cure, it is important that errors of digestion be corrected, and to this end it is frequently necessary to give specific directions to the patient as to diet, and impress upon them the importance of having not only regular meals, which should be eaten slowly and the food thoroughly masticated. As a rule alcohol and sweets should be positively interdicted.

The question of bathing enters into the successful treatment of every skin lesion, and the physician should not neglect to give specific instructions as to the injudicious use of soap and water. Medicines intended for internal use should be taken in the prescribed quantity and regularity. External applications should be used intelligently and not in the careless manner so often noted. An ointment which when simply smeared over the surface only to be immediately rubbed off with contact with the clothes or early removed by washing may prove entirely valueless, whereas the same ointment thickly spread on the wooly surface of lint and firmly bound on the skin with the avoidance of washing may at once produce the most surprising and satisfactory results. The patient should not be given too much credit for intelligence regarding the details of treatment and the physician should therefore be careful to explain the treatment in full.

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

PURE FOOD CONGRESS.—A call has just been issued by the Department at Washington for a joint Congress of Physicians, Pharmacists, Dairymen, Distillers, Manufacturers and others interested in the preparation of articles of foods and drugs.

The purpose of this congress is to frame a national bill governing the sale of foods and medicines. A number of states are now enjoying individual commissioners, and it appears desirable to create a national board of commissioners whose jurisdiction will be unlimited.

Our neighbor state, Ohio, has advanced rapidly in her efforts for pure foods and drugs and particularly is this noticeable in the domain of medicines.

A number of patent medicines, semi-proprietary preparations, wines and liquors, synthetical combinations, extracts, fruit juices, etc., have been discarded by the commissioners as unfit for consumption and their further sales within the state prohibited.

While in a number of cases these prosecutions have appeared more like persecutions, yet in the main the tendency to discourage adulteration or sophistication has been beneficial.

A synopsis of the deliberations of this Pure Food Congress will appear in a subsequent issue. G.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

REMOVAL OF THE LENS FOR HIGH MYOPIA.—Dr. Edward Jackson, in the February number of the *Ophthalmic Record*, says that the ideal myopia for correction by removal of the crystalline lens

will be axial myopia, corrected by concave lens of seventeen or eighteen D., and in such cases a perfect operative result should give 55 per cent. improvement of vision and escape from the need of wearing strong lenses. This may well carry the acuteness of vision up from a point where a certain occupation is impossible, to a point where it is quite practicable. For patients who do only coarse manual labor the vision obtainable after removal of the crystalline without iridectomy, without any correcting lens, may be quite sufficient for their needs. Accurate vision will still require correcting lenses, and different lenses for different distances. Dr. Jackson believes that rather high astigmatism exists in a majority of cases of high myopia, and after the removal of the crystalline only the astigmatism of the cornea remains, and the direction of the principal meridians of the cornea shown by the ophthalmometer, and not the direction of the principal meridians of the total astigmatism shown by the test lenses, are of practical importance in determining the location of the corneal incision.

ANTISEPSIS IN CATARACT EXTRACTION. — Dr. G. E. De Schweinitz, in the February number of the *Ophthalmic Record*, says that strong germicidal solutions should not be used in the conjunctival cul-de-sac immediately preceding a cataract extraction, or after the corneal section, and in operating upon the normal conjunctiva, as in cataract extraction, the surgeon will do well to consider the subject of antisepsis and asepsis chiefly in connection with hands, instruments, cocaine and atropine. When the conjunctiva is not normal, as, for example, in cases of chronic conjunctivitis, lachrymal conjunctivitis associated with diseases of the tear passages, blepharo-conjunctivitis, etc., methods of antisepsis necessarily must be more vigorous, or, rather, operation must be deferred until the affected areas are brought into a reasonable state of health. It seems to the writer very essential in all of these cases to pay strict attention to the preliminary treatment of the rhinopharynx, from which, no doubt, many cases of infection have arisen.

BOOK REVIEWS.

Messrs. E. B. Treat & Co. announce that the International Medical Annual for 1898 is now ready for delivery. This work is one of reference for medical practitioners, and combines the features of an annual retrospect with those of a medical encyclopedia. The annual for 1898 will contain many special articles of great interest in addition to the regular summaries of the year's work in medicine and surgery by thirty-eight editors, each contributing to the department with which he is specially identified. The work contains about seven hundred pages and is copiously illustrated, including thirty-six full plates, twelve of which are finely colored. The price has been placed at \$3.00, net, post free.

ELEMENTS OF LATIN—FOR STUDENTS OF MEDICINE AND PHARMACY.—By George D. Crothers, A. M., M. D., Teacher of Latin and Greek in the St. Joseph (Mo.) High School; formerly Professor of Latin and Greek in the University of Omaha; and Hiram H. Bice, A. M., Instructor of Latin and Greek in the Boys' High School of New York City. 5¼ by 7½ inches. Pages xii-242. Flexible Cloth, \$1.25 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

To the student who does not possess the requisite amount of Latin at the beginning of his course of Medicine or Pharmacy, this little volume offers a fund of knowledge hardly to be expected in so condensed a form. The subject is fully covered, and admirably arranged for rapid work. G.

Saunders' Bulletin of Medical Publications has recently been issued, and in it we find that many new works are announced to appear during the year.

Among works that have appeared within the past few months we find McDonald's "Surgical Diagnosis and Treatment"; Ander's "Practice of Medicine"; Penrose's "Diseases of Women"; Mallory & Wright's "Pathological Technique"; Senn's "Tuberculosis of the Genito-Urinary Organs"; Gould's "Anomalies and Curiosities of Medicine"; Garrigue's "Diseases of Women"; Wilson's "Applied Therapeutics"; Howell's "Physiology"; Butler's "Materia Medica, Therapeutics and Pharmacology."

Among works that will appear early during the year are Lehmann's Hand Atlases, of which there will be some seven or eight or possibly ten books published during the year, "American Text-Books of Genito-Urinary and Skin Diseases," by Bangs & Hardaway; Valzah & Nisbet's "Diseases of the Stomach," Keen's "Surgical Complications and Sequels of Typhoid Fever," Chapin's "Compendium of Insanity," Gould's "American Year Book of Medicine and Surgery," Moore's "Orthopedic Surgery," DeSchweinitz's "American Text-Book of Diseases of the Eye, Ear, Nose and Throat," Guiteras' "American Text-Book of Pathology," Peterson's "American Text-Book of Legal Medicine and Toxicology," Stengel's "Pathology," Church & Peterson's "Nervous and Mental Diseases," Heisler's Embryology, Kyle on the Nose and Throat, Hirst's Obstetrics, West's Nursing.

These works all represent the latest developments in the branches covered, and will be deserving of attention by every progressive practitioner who desires to place in his library the most advanced publications.

RHEUMATISM, GOUT, RHEUMATOID ARTHRITIS AND ALLIED AFFECTIONS.—By Edmund L. Gross, M. D., of the Faculty of Paris. Morrison Print: Publishers.

The author of this book propounds for himself the following question: "Are acute articular rheumatism, the various chronic rheumatisms (including rheumatoid arthritis), and gout, allied affections originating in the same morbid cause, differing only in their external manifestations and aspect, or are they widely different diseases possessing but an apparent consanguinity and a misleading clinical similitude?" He thinks we would experience as much difficulty in answering this question as would our forefathers years ago. The two diseases were first clearly separated clinically, so

long ago as 1560 by Baillou; to Sydenhem, however, a century later, is due the credit of crystallizing the facts concerning gout into a symmetrical whole. So late as the last century we are informed that articular rheumatism was not clearly defined by the writers of that period.

The author says of the current term "arthritism" that it is vague, but that we need vague terms to express vague morbid states.

In regard to rheumatism the author declares positively in favor of its germ origin, and says that even if the germ should escape all our researches we can legitimately consider that it does exist, for all our clinical testimony points to the fact that acute rheumatism is an infectious disease due to special micro-organism.

His discussion of the most important remedy which we possess, the salicylates, is extremely interesting. The theory which he propounds and which is indorsed by Nothnagel and Rossbach, is that the salicylate of sodium in the blood is decomposed by the morbid excess of carbonic acid liberating salicylic acid in the nascent form, which it is well known is the most favorable condition for exerting its germicidal effect. This theory placed alongside the more recent researches of Achalme demonstrating germs in the blood of rheumatic patients possesses a peculiar interest to the scientific therapist.

Altogether the book is a very interesting contribution to a most important subject and will amply repay perusal. G. W. M.

SYSTEM OF DISEASES OF THE EYE.—By American, British, Dutch, French, German and Spanish authors. Edited by William F. Norris, A. M., M. D., and Charles A. Oliver, A. M., M. D., of Philadelphia, Pa., U. S. A. Volume II. Examination of the Eye, School Hygiene, Statistics of Blindness, and Antisepsis. With thirteen full-page plates and two hundred and fourteen text illustrations. Philadelphia. J. B. Lippincott Co. 1897.

The second volume of the Norris and Oliver "System of Diseases of the Eye" is now before us, and, like the first volume, is worthy of our highest commendation. The subjects embraced follow in logical order the subjects treated in Volume I and include examination of the eye, school hygiene, statistics of blindness and antisepsis. The contributors, as to the preceding volume, are not

only well known authorities, but professional men particularly qualified by special research and experience to deal with the subjects assigned them. Among these are Herman Snelling, of Utrecht, Holland, who discusses the subject "Methods of Determining the Acuity of Vision"; Herman Snelling, Jr., of Utrecht, "Mydriatics and Myotics"; L. Laqueur, of Strassburg, Germany, "Lateral Illumination, Magnifying Instruments Employed in Connection with Lateral Illumination and the Use of Highly Magnifying Glasses with the Ophthalmoscope"; George M. Gould, of Philadelphia, "The Ophthalmoscope and the Art of Ophthalmoscopy"; Edward Jackson, of Philadelphia, "Skiascopy and Its Practical Application"; Adolph Javal, Jr., of Paris, "Ophthalmometry and Its Clinical Applications"; William S. Dennett, of New York, "Prisms and Prismometry"; George T. Stevens, of New York, "The Principles of and the Methods for the Estimation of the Balance of the Extra-ocular Muscles"; Herman Wiebrand, of Hamburg, "Perimetry and Its Clinical Value"; S. D. Risley, of Philadelphia, "School Hygiene"; I. M. Hays, of Philadelphia, "Blindness; Its Frequency, Causes and Prevention"; Joseph A. Andrews, of New York, "Antisepsis"; and Joseph McFarlan and S. S. Kneass, of Philadelphia, "The Micro-Organisms of the Conjunctiva and Lachrymal Sac."

One chapter cannot be said to be better than another, and to single out subjects that are more distinctive than others would be an injustice, as each subject discussed may be said to be complete and to represent the latest and most advanced information of a reliable nature. Nothing has been omitted that would be valuable in a work of this character. The text book is abundantly illustrated by a very large number of wood cuts and engravings, and the mechanical work by the publishers is all that could be desired. As a work of reference this second volume is equal to the first in every respect, and only verifies what we have previously said, that the entire system, including four volumes, will prove to be the most complete and best work on the subject that has ever been prepared. It reflects great credit upon both authors and publishers, and we hope and believe will be substantially appreciated by the medical profession.

FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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APRIL, 1898.

No. 4.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

TUBERCULOSIS OF TESTICLES.

BY O. HASENCAMP, M. D.,

Prof. Principles of Medicine and Electrotherapeutics, Toledo Medical College,
Physician to St. Vincent Hospital, Toledo, Ohio.

On February 16th, 1896, I was called to see A. S., fifty years of age, weight 165 pounds, height five feet and three inches, by occupation machine hand in picture moulding works. He was confined to his home by slight fever, and feeling bad in general as he expressed it.

On examination I found his testicles and scrotum enlarged and swollen. The testicles and epididymi were enlarged, tender and painful, and nodular to the touch. The scrotum was irritated, oedematous and on the right side were a number of sinuses discharging an irritating pus containing cheesy looking particles. This discharge had made the skin tender and sore. These acute attacks of inflammation had been troubling him every few weeks and compelled him to lay off from work until the attack subsided. The scrotum was not very painful between attacks, but of course he felt uncomfortable. He first noticed the enlargement beginning about two years before, and the trouble gradually grew worse until it had reached the point that I have described. There was no his-

tory of any venereal disease of any kind. Family history good; no tuberculosis.

The swelling persisted in spite of all treatment and he had been treated by one or two physicians, and a "sure cure" medicine man who promised to cure him with vegetable medicines only, but sad to relate after working with our patient for some time found that he got the patient a little too late, but that he could have cured him for sure if he had got him earlier.

Both cords were thickened, but the thickening did not extend into the abdomen. I diagnosed tuberculous testicles and advised operation. However, as the patient was not ready to have the operation performed at once, I placed him under paliative treatment. I gave him iodide of potassium and syrup trifolium compound, ten grains to the teaspoonful three times daily. I also gave him creasote and strychnia in full doses. The parts were cleansed and covered with iodoform dressing well supported. The tenderness subsided and the patient went to work again. I then applied iodide of potassium ointment, supported the parts with sterilized cotton and bandage.

The improvement went only to a certain point and then all treatment failed to make any further impression. Therefore on March 11, 1896, with the assistance of Dr. J. T. Lawless, I operated at St. Vincent Hospital. We intended to remove both testicles, but the condition of our patient was such that we had to stop after removing the right testicle, as he took the anaesthetic badly and was in bad condition for operation. In removing the testicle I drew the cord as far down as possible before ligating and cutting it. I then shoved it up well into the abdominal ring. I removed all diseased tissue thoroughly with scalpel and scissors.

The wound healed nicely except a sinus at the upper end of the scars of the operation. This refused to heal under all treatment, and as the left testicle showed signs of trouble, we operated again on May 4, 1896, removed the left testicle and opened up the sinus on the right side and thoroughly curetted it, removing all discolored tissue and then packing it with iodoform gauze.

The right wound healed without any untoward symptoms.

The left side healed nicely, but not until after it began to show signs of pus. There seemed to be a sinus from the upper to the lower end of the scrotum and it had an opening above and below. I washed it out daily with about three per cent. solution of form-

aldehyde and injected 10 per cent. iodoform emulsion. It improved slowly and although the patient felt fairly comfortable, the fistula did not entirely close up and I therefore opened the sinus and curetted it, cleaning out all soft and diseased tissue and packed it with iodoform gauze. It healed nicely except a small surface about one fourth inch wide and one inch long on which I could not get any skin to form. This we curetted lightly and the next day covered with skin scrapings which caused a nice formation of skin.

I had specimens of some of the removed tissues examined and the bacilli of tuberculosis were found. All operations were made under strict antiseptic precautions. It has been over a year since patient was discharged and he has been perfectly well ever since, and worked nearly every day last year.

There are several points I wish to call attention to in this case. The patient showed no history of tuberculosis or signs of the disease in other portions of his body. It is also uncommon at his age, and came on with no previous history of venereal disease or traumatism.

In regard to the treatment I think that operative procedure should be carried out as soon as paliative measures cease to do good, because the testicles are useless as their functions are entirely destroyed. When operating, all diseased tissue should be thoroughly removed and the cords severed as high up as possible.

Fort Wayne Medical Journal-Magazine

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A Journal of Medicine and Surgery, Published between the 1st and 15th of every month. Price, \$1.00 per Year, Postage Prepaid.

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All Communications, Subscriptions, and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Ind.

EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of March:

	Cases.	Deaths,
Diphtheria (including Membranous Croup).....	0	0
Scarlet Fever ..	0	0
Measles	0	0
Typhoid Fever	0	0
Tuberculosis	not rep	10
Cerebro-Spinal Meningitis.....	5	5
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
Total deaths from all causes.....		71

THE STATE MEDICAL SOCIETY.

We sincerely hope that neither war nor the old excuse of too much business will prevent the members of the Indiana State Medical Society from attending the annual meeting, which will be held in Lafayette on Thursday and Friday, May 5th and 6th. During the past two or three years the society has taken a new lease upon life, and is now in a more thriving condition than at any other time in its history. It should not only be a pleasure but the duty of every member of the society to attend the annual meetings. Every member owes his attendance for the perpetuation and improvement of the society, and to himself for the benefits derived. Every physician who ranks himself as progressive, and is desirous of increased competency, should give medical societies, and particularly the state organization, his earnest attention.

The members of the Tippecanoe County Medical Society are making great preparations for this year's meeting, and the program committee promise a scientific treat well worthy of the Indiana profession who stand with the foremost in the country. We sincerely hope that northern Indiana will be well represented, and to this end especially urge that the meeting be not forgotten nor slighted.

A. E. B.

THE PROPOSED OHIO MARRIAGE LAW.

The Parker bill lately introduced in the Ohio legislature is a long step in advance toward a much needed reform.

People howl about the frequency of divorce, and the expense of maintaining idiotic and imbecile children and insane and criminal adults, but have taken absolutely no steps heretofore looking to the prevention of the necessity of spending large sums annually for the care of these defectives.

This bill strikes at the root of the matter. If marriage were properly and effectively regulated for twenty-five years, what could we not accomplish in this direction? We could weed out many neurotic, tubercular, gonorrhoeal and syphilitic diseases and increase the general resisting power to disease. It is not probable that gonorrhoea and syphilis would be extinguished because the bawdy houses have been neglected. Their regulation should be provided for by the bill, placing the houses and those who visit them under medical supervision and restriction. Both of these measures,

were they to become laws, would do more to relieve the sum total of human suffering than any other one thing.

The people may complain about the abridgement of their rights and say that love and affinity should be held sacred, but where is the man, who, upon sober reflection, would mate himself to a woman with the certainty that his offspring are sure to be illy fitted for the world and handicapped in the beginning in their struggle for existence. And where is the woman who would entertain the sweet passion for a man known to be the subject of venereal disease, when the same certainty stared her in the face, and in addition the probability of her infection with its entailed suffering. The sweet, subtle passion, under these circumstances, is apt to get a hustle on itself and seek more congenial subjects upon which to lavish its endearments. And those so low in the social scale as to wave defiance to all these considerations should be treated, as they deserve to be treated, i. e., as defectives, and their actions supervised for the benefit of the greater good to the community at large.

B. V. S.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

Preparations for the coming meeting of the American Medical Association, which is to be held in Denver, June 7 to 10, are well advanced, and it is fully expected that the attendance will be fully equal to that at the Philadelphia meeting last year, which was the banner meeting of the Association. The committee on arrangements announce that convenient and ample accommodations have been secured for the general sessions, section work, registration and exhibitors. The entertainment of members and their families is being planned on an elaborate scale, and the committee promises all who may come a most enjoyable time.

Local excursions are being arranged to take place after the meeting, that all may have ample opportunity to visit various points of interest in the state, and see the best scenery of the Rocky mountains.

The JOURNAL MAGAZINE has sent out cards making inquiries as to the number of physicians throughout northern Indiana, Ohio and southern Michigan who will probably attend the meeting, and is receiving an unusual and unexpected number of favorable replies.

Attention is particularly directed to the advertising pages of this number calling attention to the inducements offered by some of the principal railroad lines to Denver. The traveling representatives of these lines have personally assured the editor that a one fare rate for the round trip will undoubtedly be granted. This being the case the members of the medical fraternity will be treated to a rate not previously granted during the history of the association, and we believe that in consequence the attendance at the Denver meeting will be very largely increased.

The trip, including the various side excursions which have been arranged for, is one of the most interesting that could possibly be taken by members of the medical profession, and coming, as it does, in the most beautiful season of the year when a much needed vacation will be doubly appreciated, should be taken advantage of by every physician who can by any possible arrangement give it the necessary time and expense.

We feel warranted in saying that Indiana, with her usual progressiveness and enterprise, will be well represented, and the extremely favorable concessions granted by the railroad companies will undoubtedly result in an equally large attendance from other sections of the country.

Full announcement of routes and rates will later be made in the JOURNAL-MAGAZINE, and any further special information will be given on inquiry.

A. E. B.

TUBERCULIN TESTS OF DAIRY CATTLE.

At the regular meeting of the Allen County Medical Society held in Fort Wayne, April 5th, the subject of tuberculin tests, which are now being made on dairy farms in Allen County, was freely discussed. Owing to the fact that one of the prominent physicians of the city has openly opposed the tests to such an extent that some of the dairymen have been influenced and refused to have their cattle tested, the society put itself upon record by unanimously adopting the following resolutions prepared by a committee appointed for the purpose:

“WHEREAS, The value of the injection of tuberculin, as a diagnostic measure, in determining the presence or absence of tuberculosis (consumption) in animals or man is established beyond the

question of a doubt, both by laboratory and clinical experience, and

WHEREAS, This means of diagnosis has been proven to be not only reliable but harmless, both by individual and governmental experiments, and

WHEREAS, The city board of health is now engaged in applying this test to the herds from which the milk supply of this city is obtained and is thereby doing this community a service which is above value in dollars and cents in protecting consumers of milk,

RESOLVED, That the Allen County Medical society do hereby endorse and highly commend the action of the board of health, together with those dairymen who have shown themselves so willing to co-operate with the board in this worthy work.

RESOLVED, That the society adopt as its belief and conviction concerning this subject the following from Bulletin No. 51, of the government agricultural experiment station, (veterinary division). Bovine Tuberculosis. "Observations on thousands of tests show that tuberculin is without appreciable effect upon the health of non-tuberculous cows even when taken in large doses. And the results of our tuberculin experiments, as detailed elsewhere, indicate that tuberculin has an effect favorable rather than otherwise on tuberculous cattle."

RESOLVED, That the foregoing preamble and resolutions represent the concensus of opinion of the Allen County Medical society.

RESOLVED, That the foregoing preamble and resolutions be spread upon the minutes of the society and published in the daily papers of the city.

Signed:

W. P. WHERY,
C. B. STEMEN,
G. W. McCASKEY,
G. L. GREENAWALT,
A. E. BULSON, JR.,
M. F. PORTER,

Committee.

GAS AND ETHER ANAESTHESIA.

The profession has been busy for many years endeavoring to discover a safe and entirely satisfactory general anaesthetic, or a means of administering ether that would render it less objectionable or a way to use chloroform that is absolutely safe.

To accomplish the latter object chloroform has been mixed with cocaine solutions before and during the ether anaesthesia, the anaesthetic was commenced. It is still the more dangerous.

To accomplish the former the nostrils have been sprayed with cocaine solutions before and during the ether anaesthesia, opiates have been injected, and yet it is not satisfactory.

It is now proposed by Dr. Thomas I. Bennett, (Med. Record, Feb. 26) to begin ether anaesthesia by producing unconsciousness with nitrous oxide gas and then substitute ether. To escape wholly the unpleasant effects of the ether the change must be made quickly and only one inspiration of air allowed between. The inhaler must be a closed bag which fits the face snugly and which may be provided with a valve for the admission of air in case the cyanosis continues too great.

In spite of extreme care, he says, the breathing is often interrupted, irregular and labored for a time, so much so as frequently to require removal of the inhaler and pulling forward of the tongue.

This method of course, requires a large apparatus which is not easily portable and which therefore may be inaccessible many times. It also appears to offer but little advantage either to patient or anaesthetist over the ordinary method of producing ether anaesthesia.

The use of chloroform as a preliminary to ether Dr. Bennett claims is dangerous because of the oft repeated assertion that deaths from chloroform occur early in its administration. In a considerable experience with this latter method we have not seen dangerous symptoms supervene and it is often surprising how quickly the tension of the pulse raises, and the rate increases when the ether is begun. If chloroform be administered properly and the condition of the circulation and respiration be constantly appreciated, its exhibition may, in our opinion, safely precede in all cases that of ether. The character and ability of the anaesthetist and the condition of the patient should determine the anaesthetic.

B. Van S.

SENATORS WHO VOTED AGAINST THE MEDICAL PRACTICE ACT.

The following has been sent to the JOURNAL-MAGAZINE for publication:

"Will you publish the accompanying list of names of senators who voted against the medical practice act? They should be on

record so that the physicians of the state may know who stood by them and who were their enemies and also the enemies of good government. The following senators voted against the bill: Louis J. Bobilya, Fort Wayne; Chas. P. Drummond, Plymouth; Andrew Humphrey, Linton; Wm. F. Kerns, Toronto; and Geo. W. Self, Corydon.

In speaking of the senator from Allen county, Dr. W. N. Wishard, president of the Indiana State Medical Society, says: "Senator Bobilya, of Fort Wayne, who was one of the five senators to vote against the bill, should be remembered by every respectable doctor in Allen County. The Allen County Medical Society endorsed this measure and he was solicited by members of the profession from that locality to support it, but Senator Bobilya stubbornly persisted in his opposition and voted against it."

It is unnecessary for the JOURNAL-MAGAZINE to make any comment, and we only call attention to the subject because we believe every respectable physician throughout northern Indiana should be fully acquainted with the facts and keep them in remembrance.

A. E. B.

THE TREATMENT OF EXCESSIVE TYMPANITES.

Under the above caption, the *Therapeutic Gazette* discusses this subject, giving preference to the procedure recommended by *Ogle*, *Med. News*, Feb. 9, 1889, i. e., puncture of the distended coils by small needles or trocars, in case stimulating enemata fail.

The importance of the condition is recognized and its influence in producing a fatal termination in cases which, not so complicated, are not of themselves necessarily lethal, is appreciated. But no account is taken of the fact that in many of the cases it is the nervous and muscular mechanism of the bowels that is at fault and not merely an excessive formation of gas. In other words a paralysis of the bowels exists. Now if a needle be introduced in such a bowel it is apparent that no gas would escape through it except that which is contained in the knuckle which it enters, and not even that unless pushed out by the inherent contractility of the over distended abdominal wall. The writer of the editorial mentions a case in which numerous punctures were successfully made, but it followed the ingestion of pigs-feet and paralysis was of course not a feature. In the other diseases which he mentions, typhoid pneumonia, etc., it is present and puncture will fail as it did in one of the writer's cases.

In these cases (paralysis) the gas must actually be stripped from the bowel as recommended by Porter, (*Med. News*, July 31, 1897) who advises it not only for those cases in which a mechanical cause is operating, but in those in which the tympanites in and of itself is a menace to life. The operation (laparotomy) adds very little to the danger of the patient and is certainly no more dangerous than the extreme degree of tympany for which it is undertaken.

B.V.S.

THE FUTURE OF MATERIA MEDICA.

The writer, acting as examiner for one of our state institutions, was deeply impressed with the methods employed in training young pharmacists to become useful and practical members of the profession. While the prescribed course of pharmaceutical education embraced a thorough knowledge of pharmacy—materia medica chemistry and allied sciences—both theoretically and practically, and the students were brought to a high degree of perfection in these branches, yet he discovered a new branch of pharmaceutical science which up this time no other has seen fit to father or to foster.

In a room set aside for the purpose, could be seen a full line of specialties, semi-proprietary remedies, patent nostrums and combinations of all kinds in the shape of syrups, elixirs, wines, cordials, extracts, pills, powders, ointments, suppositories, synthetical products, etc., etc., all especially prepared to meet the present demands from the busy, careless or ignorant physician.

While the writer appreciates the effort of this institution to impart a practical knowledge of later day pharmacy to its graduates, he deplores the fact that it has seemingly become a necessity to devote a portion of their valuable time to the growing evil of the nineteenth century.

The question naturally arises, what will become of our Pharmacopoeia and where will the addition of new combinations end?

In examining a number of these goods the writer found some of the most glaring pharmaceutical and chemical incompatibilities made at the expense of their supposed therapeutical value. Few of them were new additions to the physicians armamentarium while the great majority were only combinations of some of the time honored and valuable lists of organic and inorganic drugs and chemicals.

The next step in advance(?) of medical education will probably be the recognition by the Pharmacopoeia and United States Dispen-

satory of a number of the semi-proprietary remedies and the following question would naturally be an appropriate one in an examination. "Give the histories, processes of manufacture, doses and effects of Fraud's Rejuvenator, Trickster's Anti-consumption Cordial, and Dr. Buncomb's Migraine Specific."

A united and honest appeal should be made by the medical press to suppress the encroachment of these remedies, a great many of which are placed upon the market for mercenary purposes only, and made possible by the carelessness with which the average medical practitioner allows himself to be persuaded into using and prescribing them.

W. O. G.

THE KENTUCKY DEFINITION OF THE PRACTICE OF MEDICINE.

The *Buffalo Medical and Surgical Journal* quotes Judge Thompson, of Kentucky, as giving the following definition of the practice of medicine, in pronouncing sentence upon an osteopath who was convicted of subjecting a child with tuberculous disease of the hip joint to cruel and unnecessary torture: "Any person, who, for compensation, professes to apply any science which relates to the prevention, cure, or alleviation of the diseases of the human body, is practicing medicine within the meaning of the statute."

We want to commend Judge Thompson for his clean, concise, yet comprehensive definition.

The legislatures of some states passed laws which declared that he who practiced osteopathy did not practice medicine, and it looked for a time as though the advocates of this new delusion were to be successful in gaining permission to practice in all the states in spite of the medical practice acts. This precedent of Judge Thompson's, however, will undoubtedly put a check to further effort in Kentucky at least, and it is to be hoped in other states as well.

Osteopaths are not allowed to practice in Indiana as yet, but if such men as L. J. Bobilya (Joint Senator Allen and Whitley counties) succeeds in obtaining future political preferment, we will have no medical law at all. This philanthropic individual persisted in lending his aid and vote to defeat the present medical bill.

The New York legislature has lately been asked to pass a bill to regulate and legalize the practice of osteopathy. We hope it will receive the fate of similar bills in South Dakota, Colorado and Illinois, in case it passes the legislative body, namely veto.

B. Van S.

NEWS NOTES AND COMMENTS

La Femme Roentgen. France is said to have a woman who can read with ease through opaque bodies.

The supreme court of California has refused to recognize hypnotism.

A New York supreme court jury recently gave a verdict of \$30,000 against the New York, New Haven & Hartford railroad company for having caused the death of a doctor.

The city board of health are testing the dairy herds of this vicinity for tuberculosis by injections of Koch's tuberculin. A number of cows have been found tubercular and have been killed. The dairymen as a rule are in sympathy with the work.

The graduating exercises of the Fort Wayne College of Medicine were held March 14th, and the class was one of the best ever graduated from the institution. That the young doctors will do credit to themselves and their alma mater seems already assured.

Our associate editor, Dr. C. B. Stemen, is a candidate for congressional honors at the hands of the republican party in the twelfth district of Indiana. Dr. Stemen has always been an ardent republican, though never allowing his politics to become offensive in any particular, nor to interfere with his professional duties. Dr. Stemen is not only prominent among professional men but has the respect and confidence of a very wide circle of friends and acquaintances throughout all northern Indiana, and we would be pleased to learn that he has been successful in his political ambitions.

About the middle of August, 1897, a band of hop-pickers encamped about a spring which formed one of three sources of the water supply of Maidstone, England. A case of typhoid was afterward proven to have been present in one of their number and the water of this spring to have been polluted. As a result about 1,900 cases have been recorded. On December 11, 1885, cases had been reported with a mortality of 7.5 per cent.

The history of the epidemic is well presented by Dillion Carby, M. D., in *Therapeutic Gazette*, March 15, '98, and the difficulties encountered in controlling its spread. Also the manner in which the relief organization operated and the way in which the city was restricted and supplied with nurses and physicians. As may be supposed business was at a standstill.

The third annual meeting of the Western Ophthalmological, Otological and Laryngological Association was held in the rooms of the Chicago Medical Society in the Stewart Building, Chicago, on Thursday and Friday, April 7th and 8th. The attendance was unusually representative, men doing special work being present from almost every prominent city and town in the Mississippi Valley. An interesting program of nearly forty papers was presented at the two sections, and each paper received much discussion. The visitors were well entertained by the members of the Chicago medical profession, the smoker concert given at the Athletic club on the first evening being particularly enjoyed. The membership was practically doubled, and everything seems to indicate that the new society will be an influential one throughout the west.

The officers for the ensuing year are as follows: President, J. E. Colburn, Chicago; first vice president, Wm. Scheppegegrell, New Orleans; second vice-president, H. Gifford, Omaha; secretary, Frank M. Rumbold, St. Louis; treasurer, W. L. Dayton, Lincoln, Neb.

The next meeting will be held in New Orleans.

At the regular meeting of the Allen County Medical society held in the society's rooms in Fort Wayne, April 5th, a motion was passed to the effect that the annual dues be increased to \$3.00 per year. It was also voted that the secretary be yearly given an honorarium of \$25.00, and ten per cent. of all dues collected.

It was further decided that the annual election of officers shall

hereafter occur at or about the 1st of January each year. In conformity with this move the following officers were elected to serve for the remaining portion of the year 1898: President, B. Van Sweringen; secretary, E. E. Morgan; treasurer, S. H. Havice, board of censors, M. F. Porter, F. W. Gavin, G. L. Greenawalt.

The following delegates to the Indiana State Medical society were selected: A. E. Bulson, Jr., G. W. McCaskey, E. J. McOscar, W. P. Whery, Mary Whery, M. F. Porter, G. L. Greenawalt, S. H. Havice, B. Van Sweringen, H. A. Duemling, L. P. Drayer, F. W. Gavin, A. P. Buchman and K. K. Wheelock.

Dr. Buchman, the retiring president, was unanimously chosen a member of the nominating committee.

The delegates to the American Medical Association meeting to be held in Denver in June, are as follows: M. F. Porter, E. J. McOscar, S. H. Havice, A. P. Buchman, W. P. Whery, G. L. Greenawalt and K. K. Wheelock.

The annual commencement exercises of the Fort Wayne College of Medicine were held at Library Hall on the evening of March 14th. Seated upon a stage profusely decorated with palms and foliage plants, and surrounded by the trustees of the college, professors and lecturers, the fourteen candidates for graduation, dressed in the conventional black gown and cap, received the degree for which they had worked long and earnestly, and which now entitles them to go forth into the world with the right to practice the healing art.

The dean of the college, Dr. C. B. Stemen, in his remarks to the class stated that the faculty were indeed pleased to confer the degree of M. D. upon so worthy a class, and congratulated the class upon being one of the best ever turned out of the institution. The principle address of the evening, in behalf of the trustees, was delivered by the Hon. F. J. Hanley, of Lafayette, who spoke very entertainingly upon the subject of the higher professions, not forgetting to place the medical profession at the head of the list. The valedictory address, on behalf of the faculty, was delivered by Prof. Gross, and tinged as it was with an unusual amount of keen wit and humor, was highly enjoyed by all those who had the pleasure of listening to it.

At the close of the exercises the faculty, graduates, trustees, alumni and a few invited guests participated in a sumptuous banquet

served at the Randall Hotel, which concluded the exercises connected with the nineteenth annual commencement.

The following was recently presented at a regular meeting of the Allen County Medical Society and unanimously adopted:

“WHEREAS, Diphtheria, scarlet fever and small-pox are always spread by contagion, and isolation is therefore one of the best methods of preventing the spread of these diseases, and

WHEREAS, Attempted isolation in private houses needlessly endangers the members of the household not sick with the contagion, and the quarantine of the family subjects them to needless inconvenience, expense and dangers, and

WHEREAS, A properly constructed hospital could be used for any and all contagious diseases and offers the safest, most convenient, and most economical way of isolating patients sick of contagious diseases, therefore be it

RESOLVED, That the Allen County Medical Society memorialize the city board of health, the common council, the board of public safety, and the Allen County commissioners in behalf of the urgent necessity of building a contagious disease hospital in this city, for the use of charity and pay patients suffering from either small-pox, scarlet fever, diphtheria or any contagious disease.

RESOLVED, That the members of the Allen County Medical society hereby tender their services and advice to the city authorities in the furtherance of this object.

Signed:

ALBERT E. BULSON, JR.,
MILES F. PORTER,
GEORGE W. McCASKEY,
BUDD VAN SWERINGEN,
CARL SCHILLING,

Committee.

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MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

THE TREATMENT OF VERTIGO KNOWN AS MENIERE'S DISEASE.
—De La Tourette (*Semaine Medicale*, 1897, p. 301, No. 38) reports the case of a man fifty-eight years old. The patient, who had previously been quite well, was taken suddenly ill one morning in June, 1893, with a violent vertigo, having all the features of Meniere's disease. Following this the patient complained of a persistent noise in the right ear, and of a continuous vertigo for which he was given quinine in large doses with excellent results. Apropos of this case, the author takes up the history, causation, lesions and diagnosis of Meniere's disease. He points out the role played by hyperexcitability of the labyrinth in the production of vertigo, and dilates on the efficacy of quinine in the treatment of the auricular forms of vertigo. The medicament should be given in ten-grain doses once or twice a day for a period of at least a fortnight.

THE PROTECTING ROLE OF THE LYMPHATIC GANGLION IN CERTAIN INFECTIONS. According to M. P. Haan, in the *Normandie Medicale*, for February 15th. (*Independance Medicale*, March 9th), the role of the ganglion in infection comprises two distinct periods: One of the collection, in which it acts by protecting the part of the economy to which it belongs by a derivation of the virulent product. But soon after

becoming hypertrophied and having done the work of phagocytosis, it succumbs in its physiological function and becomes a generating element of extreme danger.

This course of events undergoes various forms according to the nature of the infection. The ganglion plays a considerable role in syphilis, in which the lymphatic element is shown to be distinctly protective. In epitheliomatous infection, on the other hand, the ganglion assures a relapse, and its speedy destruction is extremely necessary.

ANTIPYRINE AND LACTATION.—M. Fieux, (*Revue internationale de medecine et de chirurgie pratiques* 1897, No. 18; *Centralblatt fur Gynaekologic*, February 26, 1898) has been led by numerous observations to the following conclusions: Antipyrine undoubtedly enters the milk. Doses of fifteen grains, given twice in the course of two hours, cause persistence of the drug in the milk for five hours. In from nineteen to twenty-three hours no further trace of it can be found; consequently the maximum time required for its disappearance is eighteen hours. Only a small amount enters the milk; at most, but three quarters of a grain are found in a quart, and that only when at least a drachm of the drug has been taken within sixteen hours. The quantity of milk and the amount of casein and butter contained in it are not affected, and its quantity is not changed. The milk appears to have no injurious effect upon the nursling.

ALCOHOLISM AS A CAUSE OF NERVE DISEASE.—Careful statistical studies upon suicide, writes Dr. Irving C. Rosse, in the *Maryland Medical Journal*, show that alcoholism plays but a second part in its causation. The same statement holds good as regards intemperance in the production of insanity. Mr. Gladstone's sweeping assertions on this subject are as untrustworthy as some of his former political views, while Lord Shiftsbury's fifty per cent. according to Sir Frederick Bateman, is not indorsed by those competent to form an opinion on the subject, and after frequent discussions at various scientific associations has been reduced to fourteen per cent, and by some observers to even a lesser figure. Much that is attributed to drunkenness is the result of other influences that become apparent when we ask whether drunkards are improvident and shiftless because they are drunkards or do they become drunkards because

they are improvident and shiftless? An individual of bad hereditary organization may go through life regularly as long as the determining circumstances are wanting. Yet he has about him the culture bouillon in which the microbe is absent. Some day certain circumstances may impress the culture and it will cease to be sterile. Ill-health, misfortune, or untoward social condition, playing the role of the microbe, may bring about trouble that a healthy organization would resist.

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED. J. HODGES, B. S., M. D.,

Professor of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

ILEO-CAECAL CANCER SUCCESSFULLY REMOVED.—Dr. H. O. Pantzer reported (*Indiana Medical Journal*) a case of ileo-caecal cancer of the Marion County Medical Society in which he had made a successful extirpation. The patient was a male, aged 36 years. The anastomosis was made by sutures.

EFFECTS OF CASTRATION, ETC. ON THE PROSTATE.—Histologic investigations prove (*Jour. Am. Med. Asso.*) that interstitial hyperplasia and regression of the glandular structure occurs invariably in the prostate as a result of castration and injection of a 20 per cent. solution of zinc chlorid, but not constantly after vasectomy.

FOR ECZEMA OF SCALP WITH ITCHING.

R Acid. salicyl 0.25
 Menthol 0.5
 Ol. lini.
 Aq. calcis aa 25.0
 Mix. Ft. ungt. Sig.—For external use.—Steinhardt.

STERILIZATION BY FREEZING.—Olive oil at a temperature of

256 degrees F, is recommended for sterilizing syringes and instruments. Immersion for an instant in hot oil will completely sterilize an instrument, while to render a syringe germ free, it is only necessary to thrice fill the barrel with oil at the temperature mentioned.—*Medical News*.

SERUM THERAPY.—Vignirat (*Annals of Surgery*, Feb., 1898), had sufficient faith in his antistaphylococcus serum to fill a cavity from which he had removed a sebaceous cyst, (with osteomyelitic pus) and then depend upon the serum, which he subsequently administered, to prevent serious consequences.

The pus was afterward aspirated and showed that the staphylococci had been completely destroyed.

The experiment was certainly both bold and striking, but does not prove beyond a doubt that the effect of the serum is to render immune, the one in whom it is used, to staphylococcus infection.

Granting that the osteomyelitic pus used in the experiment contained virulent staphylococci, there still remains the element of natural resistance which may account for the lack of reaction to the inoculation. Not every one inoculated with pathogenic bacteria is injured thereby.

EXTRA-UTERINE PREGNANCY.—Diagnosis; Superficial dullness on percussion over the pubes and in either flank, which on deeper percussion is replaced by a resonant note; a thrill in the same regions on gently flicking with the finger-nail, though no ordinary sign of fluctuation can be felt; on turning the patient over the dullness in the flank then uppermost persists for some time, but gradually disappears in a way that is never observed in the case of any other fluid than blood in the peritoneal cavity. Mayo Robinson (*British Medical Journal*, Jan. 29, '89). (*Monthly Cyclopaedia of Practical Medicine and Universal Med. Journal*).

Sudden pain in the abdomen, accompanied by symptoms of collapse, occurring in a previously healthy woman, is sufficient evidence upon which to base a diagnosis of extra-uterine pregnancy and lead to an abdominal section. It may be permissible to withhold the operation in case the symptoms are not grave, and rapid improvement occurs.—(Editor.)

ETIOLOGY AND CURABILITY OF MALIGNANT DISEASE.—Dr. Wm.

B. Coley has a most excellent article in the March number of the *Annals of Surgery* on the subject of trauma as a causative factor in the production of sarcoma. After quite an exhaustive study of the various theories advanced to explain the relationship between trauma and sarcoma, he concludes that the most plausible one is that sarcoma is due to a micro-organism. The micro-organism is widely distributed but inactive until a trauma produces a *locus minoris resistentiae*, when the growth begins.

Forty-six cases are reported from the author's own practice, and a number of references given.

In the same number of this journal Dr. Chas N. Dowd has an article on the curability of cancer of the breast by operation, with a report of twenty-nine cases from his practice.

He tabulates 199 cases from various sources which show 71 cases free from the disease after the lapse of three years or longer, or 39.6 per cent. of cures.

The mortality of the operation has greatly decreased of late years while the percentage of cures has increased. It goes without saying that he credits the better results lately achieved to more radical and extensive operations, and advises wide removal of skin, complete clearing of the axillary space and removal of part or all of one or both pectoral muscles in all cases, together with removal of the supraclavicular glands if deemed necessary. Referring to his own cases he says "they argue for an early and thorough operation, and hold out the hope of cure in from one-third to one-half of the patients who are operated upon within a reasonably early time, and the mitigation of suffering and prolongation of life to those who are not cured."

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

THE TREATMENT OF ERYSIPELAS IN THE NEW BORN BY ANTISTREPTOCOCCIC SERUM.—The *Therapeutic Gazette* abstracts an article in the *La France Medicale* by Dauchez, in which he gives the results of his treatment of erysipelas of the new born by antistrepto-

coccic serum.. The general mortality rate under serums of all strengths was 2.59 per cent. Under the stronger serum, 1:30,000, there were ninety-seven cases and one death, a mortality of 1.03 per cent. No bad results of the serum were noted after injection of large doses (5c.c) of the stronger preparation. They were repeated if necessary every 12 to 24 hours.

INTUBATION WITH IMPROVED INSTRUMENTS.—Dr. Max Thorner (*Cincinnati Lancet Clinic*) describes Ferroud's intubation set. The placer and extractor are combined in one instrument which can be operated with one hand. No obturator other than the blades of the introducer is used, and as these do not completely fill the tubes respiration can go on during the process. The tubes, at the lower end, are beveled from right to left. The top of the tube is funnel-shaped to facilitate the introduction of the extractor.

The mouth-gag furnished with the set consists of a wedge shaped mouth piece, which is fastened to two steel rings by the aid of a curved bar. In using it the assistant puts two fingers of his left hand through the rings, places the wedge-shaped mouth piece which is well covered with rubber tubing between the left molars, and thus steadies the head of the patient at the same time.

DELAY IN THE FIRST STAGE OR PROTRACTED LABOR.—J. Lee Morrill, M. ., in the *Am. Gynaecological and Obst. Journal*, Jan., 1898, gives a rehearsal of the conditions which cause delay in the first stage of labor. He divides them into three classes. 1. Any condition that enfeebles the uterine action and prevents dilation though there be no impediment in the way of delivery. 2. Where there is no deficiency after expulsive action, but an arrest of cervical expansion from some obstacle. 3. Where there is neither uterine insufficiency nor hindrance in the canal through which the child has to be propelled, but a disproportion in the fetus itself.

The causes are again arranged under maternal and fetal. Among the former he mentions rigid os, pendulous abdomen, organically diseased cervix, atresia of the os, double uteri, tumors, deformities causing malpresentations and under the latter hydrocephalus and encephalocele, premature ossification of the cranium, monsters, etcetra. The paper then discusses the prevailing methods of treatment of the different conditions.

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

NEGATIVE RESULTS OF COLORLESS TINCTURE OF IODINE.—The application of colorless tincture of iodine is frequently followed by negative results. This is due to the formation of sodium or ammonium iodide in an alcohol menstruum when either sodium hyposulphite or ammonium hydrate is used as a decolorizer.

THE PURE FOOD CONGRESS.—The pure food congress met in Washington, D. C., on March the 2nd with an unusually large attendance of delegates from every state in the union. The bill to be presented to Congress was carefully reviewed by sections, and with but a few minor changes in the phraseology was adopted. Vice presidents were selected representing each State, with instructions to bring the subject before their individual state organizations for support. The passage of this bill means a closer inspection of foods and drugs, and will be highly beneficial to the citizens of the United States.

THE DANGERS OF COCA WINES.—The *Chemist and Druggist*, in an editorial under the above title, says that there has been a large increase of intemperance amongst invalids, due to the enormous consumption of coca wine, but that the evil is not entirely confined to invalids and convalescents, but pervades all classes of society, women and children being the chief victims.

The term coca wine has no definite meaning, inasmuch as there is no official formula for its preparation. In every case the basis is a strongly alcoholic wine, containing anywhere from 18 to 30 per cent. alcohol. In an American work on pharmacy we are told that the best coca wine is made by adding an ounce of fluid extract of erythroxyton, an ounce of alcohol, and an ounce of sugar to fourteen ounces of claret, but it is significantly added that "in place of claret any other palatable wine may be used, according to the demand or preference of the prescriber or customer." The dangers of preparations of this description are obvious. The patient not only acquires a liking for alcohol, which is presented in its most

seductive form, but soon falls a victim to what Erlenmeyer calls the third scourge of humanity—the coca habit.

It is surprising that in recent works on pharmacology and medicine so little is said regarding the subject, the only exception being in the case of the fourth edition of the late Dr. Milner Fothergill's "Practitioners' Handbook of Treatment," where the following statement occurs: "Coca wine and other medicated wines are largely sold to people who are considered, and consider themselves to be, total abstainers. It is not uncommon to hear the mother of a family say, 'I never allow my girls to touch stimulants of any kind, but I give them each a glass of coca wine at 11 in the morning, and again at bedtime.' Originally coca wine was made from coca leaves, but it is now commonly a solution of the alkaloid in a sweet and strongly alcoholic wine." This is really the gist of the whole matter; coca wine is largely consumed by people who fondly believe themselves to be total abstainers, and who are active enough in denouncing those who take a little wine or a glass of beer at their meals. The sooner their delusion is dispelled the better for themselves and for the unfortunate children over whom they exercise supervision.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

LABYRINTHINE DIZZINESS CURED WITH PILOCARPIN.—Jankelevitch (*Rev. hebdomadaire de Laryngologie, d'Otologie et de Rhinologie*, December 22, 1897) discusses the different forms of dizziness arising from the stomach, heart or ear, and perhaps, the brain, and then gives the history of a case of labyrinthine dizziness resembling Menier's disease, which was successfully treated by the use of pilocarpin. The patient, sixty-five years old, suffered from trigeminal neuralgia, and in addition was suddenly attacked by vomiting, noise in the ears and extreme dizziness. All treatment was without avail until the author made injections of 10 minims of a two per cent. solution of pilocarpin. After the second injection there was improvement of vomiting and dizzi-

ness. The subjective noises disappeared at last. The treatment caused no decrease in the hearing.

THE VALUE OF PERSISTENT TREATMENT IN CLEARING UP OPACITIES OF THE CORNEA.—Dr. J. W. Bullard, in the April number of the *Ophthalmic Record*, reports a case of opacity of the cornea due to ophthalmia neonatorum, in which very satisfactory results were secured by the persistent and continued use of yellow ointment. The patient was practically blind from a well pronounced corneal opacity, nothing but a very faint shadow of the iris being seen at the inner and lower border of the left corner. Two years of faithful massage of the cornea with the yellow oxide of mercury in vaseline, one to sixty, cleared the cornea sufficiently so that a dense anterior capsular cataract in both eyes was discovered. After two more years of massage each cornea at the inferior nasal quadrant appeared clear enough to justify an artificial pupil. In the right eye 8-200 vision was secured and in the left eye 12-200. The patient has learned his letters and sees No. 5 Jager quite readily at 16 to 20 cm.

YELLOW OXIDE OF MERCURY OINTMENT.—Much discussion regarding the proper manner of preparing yellow oxide of mercury ointment has been indulged in, and a recent writer says that no matter how much time and care are consumed in mixing the powder and the vaseline, if no other agent is added minute particles of the mercury will remain and hence defeat the desire to have it uniformly distributed throughout the vehicle. Dr. T. E. Mitchell, in the *Ophthalmic Record*, suggests the addition of a few drops of any kind of bland or non-irritating fixed oil, which shall be thoroughly rubbed with the mercury before the vaseline is added. The following is his prescription, which prepared by a competent pharmacist he recommends as entirely satisfactory.

Olei Ricini.....	gtt iv
Hydr. Oxid. Flav.....	gr iij
M et ad	
Petrolati	5 ij-iv
M ft Ungt.	

BOOK REVIEWS.

OUTLINES OF RURAL HYGIENE.—For Physicians, Students, and Sanitarians. By Harvey B. Bashore, M. D., Inspector for the State Board of Health of Pennsylvania. With an appendix on the Normal Distribution of Chlorine by Prof. Herbert E. Smith, of Yale University. Illustrated with twenty (20) engravings. 5½x8 inches. Pages vi-84. Extra cloth, 75 cents net. The F. A. Davis Co., publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-Second St., New York City; 9 Lakeside Building, 218-220 Clark St., Chicago, Ill.

This is a book well worth perusal by every country physician. It is well conceived and executed. If country residences were built and conducted upon the lines herein laid down there would be less sickness and more comfort in country homes.

He recommends individual tin cups in country school houses, which is good, but the effect of which is spoiled by the recommendation of a covered bucket from which the water is taken by dipping and which is fouled by the *first* tincup unless it is sterile. The water receptacle should of course be covered and provided with a faucet and the school should have a large sterilizer in which cups, pencils and slates should be sterilized each day. The Indiana law provides for this now.

B. Van S.

ORTHOPEDIC SURGERY.—By James E. Moore, M. D., Professor of Orthopedic Surgery and of Clinical Surgery in the College of Medicine of the University of Minnesota; Fellow of the American Surgical Association; Member of the American Orthopedic Association; Surgeon to St. Barnabas Hospital; Consulting Surgeon to the Northwestern Hospital for Women and Children, to St. Mary's Hospital and to the City Hospital, Minneapolis, Minn. With 177 Illustrations. Philadelphia, W. B. Saunders, 1898. Price, \$2.50 net.

This is a book consisting of 354 pages divided into 24 chapters.

It is designed for students and general practitioners. The author does not attempt to be exhaustive in the matter of treatment but gives only those methods which have yielded the best results in his hands.

The attitude of the author as to the comparative value of operative and mechanical treatment is conservative, and, it seems to the writer, correct. He says: "To my mind the ideal orthopedic surgeon is he who exercises the greatest judgment in drawing the line between the cases that require operation and those that do not; who is equally skillful, on the one hand in applying the knife, and, on the other, in applying the proper apparatus, and who is without prejudice in either direction." The work is well planed and each subject treated in a very clear methodical and practical manner. The type and paper are excellent, the index full and good, and the illustrations fully up to the present-day standard.

Every general practitioner should have in his library a work on orthopedic surgery, and we have no hesitancy in saying that we know of none that will meet his needs better than this.

M. F. P.

MESSRS. LEA BROTHERS & CO. announce for early publication the following books by eminent authorities. Complete catalogues of the publications of this firm may be had by addressing either their Philadelphia or New York house.

A Manual of Otology.—By Gorham Bacon, A. M., M. D., Professor of Otology in University Medical College, New York. With an Introductory Chapter by Clarence J. Blake, M. D., Professor of Otology in the Harvard Medical School, Boston, Mass. In one handsome 12mo volume, with numerous illustrations.

The Treatment of Surgical Patients Before and After Operation.—By Samuel M. Brickner, M. D., Visiting Surgeon at the Mt. Sinai Hospital, New York. In one handsome volume of about 400 pages, with illustrations.

A Text Book of Dental Pathology, Therapeutics, and Pharmacology.—Being a Treatise on the Principles and Practice of Dental Medicine. By Henry H. Burchard, M. D., D. D. S., Special Lecturer on Dental Pathology and Therapeutics at the Phila-

delphia Dental College, Philadelphia. In one handsome octavo volume of about 550 pages, with 400 illustrations.

The Principles of Treatment.—By J. Mitchell Bruce, M. D., F. R. C. P., Physician and Lecturer on Materia Medica and Therapeutics at Charing-Cross, London. In one octavo volume.

Diseases of the Nose, Throat, Naso-Pharynx and Trachea.—A Manual for Students and Practitioners. By Cornelius G. Oakley, M. D., Professor of Laryngology in University Medical College, New York. In one Volume, 12mo., of about 400 pages, with numerous illustrations, many of which are in colors.

Diseases of Women.—A Manual of Non-surgical Gynecology, designed especially for the use of Students and General Practitioners. By Francis H. Davenport, M. D., Instructor in Gynecology in the Medical Department of Harvard University, Boston. Third edition, thoroughly revised and enlarged, with many additional illustrations.

A Treatise on Gyneology.—By E. C. Dudley, A. M., M. D., Professor of Gynecology in the Chicago Medical College, Chicago. In one octavo volume of about 600 pages, with 425 illustrations, many of which are in colors.

A Text-Book of Anatomy.—By American Authors. Edited by Frederick Henry Gerrish, M. D., Professor of Anatomy in the Medical School of Maine. In one handsome imperial octavo volume, copiously illustrated in colors.

Manual of Skin Diseases.—With Special Reference to Diagnosis and Treatment. For the use of Students and General Practitioners. By W. A. Hardaway, M. D., Professor of Skin Diseases in the Missouri Medical College. Second edition, entirely rewritten and much enlarged. In one handsome 12mo. volume with illustrations.

The Principles and Practice of Obstetrics.—By American Authors. Edited by Charles Jewett, M. D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y. In one handsome octavo volume, with many illustrations in black and in colors.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

GONORRHOEAL SETICAEMIA.*

By MILES F. PORTER, A. M. M. D.,

Professor of Surgery, Clinical Surgery and Gynecology, Fort Wayne College of Medicine.

I use the term septicaemia to indicate a disease due to the entrance into the blood of septic micro-organisms, which retain their capacity of reproduction in the blood.

Before the existence of gonorrhoeal septicaemia can be granted it will be necessary then to show that the gonococcus has the power of getting into the blood stream, and after having gotten there the power to live and thrive in it.

Bockhart (1) observed the penetration of gonococci to the deep layers of the urethral mucous membrane and even to the corpus cavernosum.

Bumm (2) was the first to succeed in cultivating gonococci upon human blood serum and his results have since been verified by many. According to Wertheim (3) the gonococci grow best on a mixture of blood serum and nutrient agar.

Gonococci have been found in the blood of persons suffering

*Read before the Indiana State Medical Society, Lafayette, May 6, 1898.

from gonorrhoeal rheumatism, and Welch (5) says they "may be carried by the blood current and cause inflammations of distant parts, most commonly arthritis, also endocarditis, pericarditis, pleurisy and myocarditis."

Thayer and Blumer (6) obtained cultures from the blood of a patient who died of gonorrhoeal endocarditis.

Councilman (4) found gonococci in the heart muscle in a case of myocarditis following gonorrhoea.

Stengel (6) found gonococci in sections made from cardiac vegetations in a fatal case of gonorrhoeal endocarditis.

Petrone (7) was the first to discover Neisser's gonococcus in the joints in gonorrhoeal rheumatism, since which time the discovery has been verified by many observers. Litten, (8) of Berlin, reports a case of chorea of gonorrhoeal origin occurring in a girl without nervous antecedents, who at the same time was suffering from swellings of the joints and endocarditis. Myelitis, paraplegia and muscular atrophy have been reported (9) as consequences of acute gonorrhoea.

Bordoni-Uffreduzzi (10) has reported an undoubted case of gonorrhoeal pleurisy. Gonorrhoeal iritis, periostitis, and pericarditis secondary to gonorrhoeal infection of the genitals are well recognized conditions of not infrequent occurrence.

These diseases arising secondarily to, and as a result of local gonorrhoea can be explained only upon the hypothesis that the gonococcus is carried by the blood or lymph stream from the original point of infection.

Park, Nolen, Fournier, Eisenman, Konig, Wyschemirski, (11) Classen, (12) and many others have reported cases of gonorrhoeal pyaemia.

Many of these cases are unquestionably cases of mixed infection, but if it be proven that the gonococcus is, under some circumstances, as pus-producing micro-organism, then we must accept the verdict of those who hold that these pyaemic cases may be, and often are, pure gonorrhoeal infections.

1. Sternburg, p. 299.

2. Loc cit.

3 Dennis System of Surgery Vol. I, p. 319.

4. Keating & Co., Gynecology.

5. Denms System of Surgery, p. 319.

6. University Med. Mag. Mch., 1897.

On this point Welch says, (13), speaking of the gonococci, "they are genuine pus producers."

Accepting this verdict makes the explanation of gonorrhoeal pyaemia easy through the occurrence of a septic thrombo-phlebitis.

Again, if the gonococcus be proven to be a pus producer, even though only under exceptional conditions, then gonorrhoeal septicaemia becomes no more difficult of comprehension than the commoner forms of septicaemia, for it is now generally acknowledged that the "pus-microbes are the most frequent cause of sepsis" (14).

The post mortem findings in some of the cases of endocarditis reported in Stengel's paper already referred to seem to me to prove beyond question that there existed in them a true progressive septicaemia due to gonococci. In his own case there was found, aside from the endocardial lesions, pulmonary consolidation and congestion, plural effusion, enlargement, softening and increased friability of spleen, liver and kidneys.

In his case there were petechiae in the skin, infarcts in various organs, interstitial myocarditis, hemorrhages beneath pericardium endocardium and pleurae.

In Leyden's case there was an infectious nephritis.

In Winterberger's case there was found hemorrhages in the liver and spleen, the kidneys had the appearance of amyloid change and in the intestines were ecchymoses.

The clinical pictures presented by some of these cases were also typical of a septicaemia as witness the frequent occurrence of albuminuria, delirium, somnolence, emaciation, extreme weakness, remittent fever, tympanites and finally death from exhaustion.

Shoemaker, in the paper previously referred to, speaks of a case of Loxton's in which death occurred from what was considered septicaemia a month after the venereal disorder was contracted. He also refers to a fatal case observed by M. Combemale, in which

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7. Roswell Park, Annals of Surgery, Vol. XV, p. 55.
 8. Annual of Universal Med, Sci. 1896. Vol. II, c. 18.
 9. John V. Shoemaker, Journal Am. Med. Asso. Mch. 5; 1898.
 10. Gould's Year Book, 1897, p. 118.
 11. Roswell Park, Annals of Surgery, Vol. XV. p. 55.
 12. Annual Universal Med. Sci. 1891. Vol. III. E. 5.
 13. Dennis' System of Surgery. Vol. I. p. 309.
 14. Senn Principles of Surgery. Second Ed. p. 355.

rheumatism supervened two months after gonorrhoeal infection and was followed in a few days by nephritis, purulent bronchitis and parotiditis. Rugg (15) reports the case of a man who, on the tenth day after the discharge from the urethra began, became somnolent, then comatose and finally died. The temperature reaching 107 degrees F. A few days prior to the development of the coma there had been, beside the ordinary symptoms and signs of gonorrhoeal rheumatism, pain in the back and injection of conjunctivae and sclerotics.

It is by no means essential in a given case to establish the diagnosis of an acute gonorrhoea before arriving at a diagnosis of gonorrhoeal septicaemia. Numerous authorities might be cited to show the dire effects, especially upon women, of latent gonorrhoea (16). Especially to Emil Noeggerath are we indebted for the elucidation of this subject.

The following case, which occurred in the practice of Dr. S. H. Havice, to whom I am much indebted for the privilege of making this report, may be said to be the exciting cause of this paper.

Mrs. W. at 34, married, youngest child 5 years, miscarriage 1 year prior to last illness. Dr. Havice was called November 19, 1897, and found her pregnant about 5 months with symptoms of miscarriage. Temperature 102 1-2. In spite of treatment labor came on, and she was delivered on the 20th (24 hours after the doctor's first visit). The strictest antiseptic precautions were observed during the labor. The temperature rose gradually, with morning remissions and evening exacerbations, appetite failed, the patient became emaciated and in a word presented the usual symptoms of a gradually progressing sepsis, with entire lack of any local signs, until the 8th of December, (18 days after Dr. Havice's first visit) when she began complaining of pain in the right lumbar region. At this time I was called in consultation and upon examination discovered a very tender, soft, movable tumor at the site of pain. Examination *pr. vaginum* negative. The patient gradually grew worse and believing that the tumor felt was probably a collection of pus, absorption from which, was causing the trouble, operation was advised. She was accordingly removed to the hospital and after the usual preparation the belly was opened over the tumor, which proved to be an enlarged dislocated pale and soft liv-

15. Medical News. Vol. LXI. p. 549.

16. Garrigues Diseases of Women, p. 129.

er. The hand passed into the pelvis discovered some adhesions here and therefore a second opening was made in the mid-line thinking that we might find the cause of the trouble here. Nothing but some comparatively recent and easily broken adhesions were found. These were released and both wounds in the abdomen closed. Inasmuch as the urine, which had been examined prior to the operation, showed the presence therein of gonococci, a diagnosis of gonorrhoeal septicaemia was now made, notwithstanding the fact that there were no signs present of an acute gonorrhoea of the genitals and that there was nothing in the history of the case to lead one to conclude that the patient had ever suffered from an ordinary acute gonorrhoea. Examinations, made after the operation, of the vaginal discharge showed the presence of gonococci here also. The patient recovered from the shock and seemed for a few days slightly improved, but on the 8th day after the operation was taken with a chill, followed by the usual signs of pneumonia, and died within 24 hours thereafter. Post mortem not allowed. I regret very much that the blood and sputum in this case were not examined bacteriologically. As further supporting the diagnosis in this case I may state that a few days after this patient's death I was called to treat her two female children, aged 5 and 8 years respectively, for a virulent vulvovaginitis, the discharge from which was examined by Dr. Drayer (who also made the other bacteriologic examinations) and found rich in gonococci.

I believe the following conclusions warranted :

1. That the gonococci of Neiser are capable of living and propagating in the blood.

2. That gonococci may be carried by the blood or lymph stream to any of the tissues or organs of the body and lodging there may produce inflammation, which may be purulent or non-purulent owing to circumstances which as yet are not understood.

3. That the true progressive septicaemia is not infrequently due to infection by gonococci.

47 W. Wayne Street.

THE DIAGNOSIS OF THE DIFFERENT DISEASES OF THE LIVER.

By DR. B. VAN SWERINGEN,

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An appreciation of the fact that the liver is subject to a number

of different pathological processes, and a knowledge of the clinical course of each, is necessary for a correct and full recognition of the particular affection present in any given case. It is also necessary to a correct and full *interpretation* of the symptoms presented by the patient.

We are too apt, however, to pursue our study of diseases from the pathological standpoint solely, and are inclined to slight the clinical, which is fully as important as the pathological, for by it alone are we able to recognize the pathological process involved, its location and extent, and the measures best adapted to relieve.

I would not be misunderstood. I do not underestimate pathology. It is absolutely essential to prognosis and therapy, but it is no *more* essential that the *ability to determine its presence* during life.

We judge then of the disease present by the symptoms and physical signs.

Of the former *pain* is significant. In the chronic interstitial inflammations it is generally absent, unless it is present as a dull ache. The presence of sharp lancinating pain, occurring in paroxysms, points strongly to calculus disease and when followed by more or less pronounced icterous and accompanied by acholic stools, vomiting, and perhaps enlargement of the gall-bladder, may be, with confidence, so diagnosed, especially so if the location of the pain be in the right hypochondriac region and it is referred to the back under the scapula.

The pain of cancer is sharp and lancinating, but does not occur in proxysms of such marked intensity as are present during the passage of a biliary calculus. Neither is it referred so constantly to the region of the right shoulder-blade, but may be present in other parts of the body, trunk or arms. In a case recently under my care great complaint was made of the left wrist. If this pain be associated with enlargement of the organ and its surface be nodular, the diagnosis of cancer may be made with safety, especially so if malignant disease be present elsewhere in the abdomen. Primary cancer of the liver, however, does occur, but is not so common as primary cancer of the gall-bladder which follows as a result of long standing calculus disease. It should not be forgotten, however, that in one form of cancer of the liver the organ does not become nodular. This is the so-called massive form, in which the liver is the seat of one large growth.

While on the subject of pain reference may be made to some irregular distributions, as in the case of a young girl 24 years of age whose sole complaint, during an attack of what was later diagnosed to be biliary colic, was of pain over an area not larger than the tip of my index finger located on the anterior aspect of the right shoulder joint. The absence of any signs of joint disease, its sudden onset and paroxysmal character led to the diagnosis of biliary colic before the jaundice and other symptoms appeared to confirm it. While the pain, then, is usually present in the right hypochondrium and radiates to the back under the right scapula, it *may* be found entirely on the left side of the median line and be not referred to the back. Any paroxysmal pain therefore in the lower thoracic regions or upper abdominal regions should be suspected to be biliary colic until the diagnosis is certain. The question arises as to whether it is possible to have this pain produced by any other cause than calculi, and I may answer that in my opinion it is. In a case which I shall hereafter refer to, the diagnosis of chronic impaction of the common duct was made and the cause of the symptoms proved at the operation to be some dense adhesions which managed at times to occlude the duct and give rise to attacks of typical biliary colic. The gall-bladder was not opened, but it and the duct were explored by the finger underneath and no calculi found. The adhesions were separated and the patient has up to this time had no further attack of pain in the liver region.

Inspissated mucous and bile, with no calcareous deposit embedded in it, may, while being extruded be attended by severe colic.

The pain of congestion of the liver is confined to marked tenderness on pressure. This latter sign is also present in hypertrophic cirrhosis and cancer. Amyloid disease, syphilis and tuberculosis give rise to little or no pain or tenderness. The same may be said of ordinary cholangitis arising by extension of a duodenitis; that due to calculi is, of course, associated with the symptoms of stone.

Jaundice is at once a conspicuous and important symptom, but it is by no means present in all liver diseases. Its absence merely means that the bile channels are still unobstructed. We may have great enlargement of the organ without its presence, as in amyloid disease, leukaemia and cancer sometimes. It is present in varying degrees of intensity in atrophic cirrhosis, although not so constantly as in the hypertrophic variety, where it reaches its most intense expression. It is always to be found in cholangitis and its degree

is an index usually of the degree of inflammation; the greater the jaundice the greater the inflammation of the ducts and consequent obstruction to the escape of bile from swelling of their mucosa. Catarrhal cholangitis may therefore be suspected in any case of jaundice and the diagnosis made if there be at the same time little constitutional disturbance, no enlargement of the liver, no symptoms of stone and especially if there be a history of gastro-duodenitis before the appearance of the icterus.

Icterus is also caused by pressure on the ducts by tumors of other adjoining structures and also by inflammatory deposits, as in the case referred to where the colic and jaundice was relieved by dividing the bands.

As before stated the intensity of the color varies. It may be very conspicuous or it may only be detected by noticing the conjunctiva and finding it (bile) in the urine.

In a case recently seen in consultation it had not been observed owing to the man's natural complexion and would not have been observed by me save that it was looked for in seeking an explanation for a general intense pruritus. When found it cleared the case up nicely.

It is usually accompanied by staining of the urine and clay-colored stools.

Chromatopsia may be present in high grades of it. In a case of chronic impaction of the common duct now under observation the patient complains not of colored vision, but of inability to see which is worse, as is the icterus, after the attacks of colic.

Jaundice is due to the deposition of the absorbed biliary constituents in the skin, and the pruritus often complained of is an evidence of the irritating character of this deposit. The absorption of bile into the circulation produces other symptoms which are familiar to you under the general term cholemia, i. e., clay-colored stools gastric disturbance, nausea and vomiting, slow circulation, tendency to hemorrhages in the skin and elsewhere, a peculiar melancholia in which suicidal impulses are common, stained sweat and urine and the coloration of the skin.

It may be mentioned in passing that Stadelmann denies any other than a biliary origin for all cases of jaundice, that is, he discredits the haematogenous forms. It does seem probable, however, that in some acute diseases attended by great haemolysis more coloring matter is set free than can be disposed of by the liver. Tyson

and Osler do not as yet reject the haematogenous forms of jaundice, the latter laying especial stress upon the fact that in many cases of pneumonia accompanied by jaundice no catarrh of the bile ducts was found post-mortem and I have myself lately seen an instance of this kind.

Another symptom met with in diseases of the liver is *fever*. It is present to a very slight degree or entirely absent in all but the acute inflammatory affections. It probably rises highest in the acute interstitial hepatitis (106 degrees or even higher).

It is present also though not to so great a degree in cholangitis and especially so after pus has developed in the gall-bladder. Here it may resemble intermittent malarial fever very closely. This intermittent fever of hepatic origin is often seen in the absence of pus, that is in catarrhal cholangitis with gall-stones, especially after the stone becomes impacted in the common duct. It may persist for a long time, even several years, during which time it is very apt to be mistaken for quotidian, tertian or quartan malaria according to the interval between the paroxysms. Osler mentions a case, which ended in recovery in which jaundice and intermittent fever existed for three years.

There is some dispute as to the nature of this fever. Charcot maintains that it is due to the production of a ferment in the bile passages and the bacterium coli commune. Murchison and Ord, hold that it is due to irritation of the mucous membrane and that the fever is of nervous origin.

The fever in cancer runs usually between 100 degrees and 102 degrees F.

In those acute cases of hypertrophic cirrhosis which resemble acute yellow atrophy the fever is high, running from 102 to 104 and in all cases of this kind it rises to this height toward the close,

Other symptoms of hepatic disorder are *dyspepsia*, *vomiting*, *ascites*, *hemorrhoids* and *constipation*. These symptoms are those, in a word, of obstruction to the portal circulation, which is brought about by the disease.

The influence of impairment of the function of the liver on the stomach is often overlooked and many chronic affections of the liver are treated for months as stomach diseases. The stomach itself, of course, is actually deranged, its function is imperfectly performed, but it is not the seat of the primary trouble. Digestion is not accomplished perfectly and the irritating by-products circulating

in the blood find lodgment in the synovial membranes and other structures (nerve sheaths, etc.) and give rise to rheumatic symptoms. These rheumatic symptoms are, too, produced by the absorption of ptomaines from the bowel produced because of the absence from the intestine altogether or its presence in such altered condition as to be ineffective as an intestinal antiseptic, of the bile.

Vomiting may be only present on rising in the morning. The passive congestion of the stomach may be so great, however, (from pressure on the gastric vein) to cause a seepage of blood and haematemesis. For the same reason we may have bloody discharges from the bowel and hemorrhoids from obstruction of the inferior mesenteric. When the obstruction interferes with the superior mesenteric vein we then have dropsy.

The outline of the liver may be ascertained by percussion, as it is surrounded by hollow or semi-solid viscera. In the mammary line liver-dullness begins at the fifth rib; latterly at the seventh or eighth and posteriorly at the tenth.

The upper margin of the liver dullness may not be as high as normal, owing to its being pushed down by an emphysematous lung.

If pushed down by a plural effusion the upper margin of the liver can not be mapped out, but as the lower margin will be found much lower than normal it should not be mistaken for an enlarged liver. The history of the case will usually clear up the diagnosis. Subphrenic abscess may also push the liver down.

A due appreciation of these things will prevent one from making the mistake of stating the liver to be enlarged merely because its lower boarder is further down than it ought to be.

The liver dullness may appear to be contracted because of distension of some of the surrounding hollow viscera with gas, as in pneumothorax, in gastrectasia, tympanites, emphysema, etc.

The diseases in which the liver dullness is increased are hypertrophic cirrhosis, amyloid disease, cancer, dilation of the gall-bladder, sometimes in leukaemia and in the first stage of atrophic cirrhosis.

Those diseases which diminish the size of the liver and consequently the area of dullness are acute yellow atrophy and atrophic cirrhosis.

SOCIETY PROCEEDINGS.

INDIANA STATE MEDICAL SOCIETY.

The forty-ninth annual meeting of the Indiana State Medical Society was held at Lafayette on Thursday and Friday, May 5th and 6th. Early on Wednesday afternoon preceding the meeting the delegates and members began to arrive, and at the time that respectable people usually retire the accommodations at the Hotel Lahr, the principal hostelry of the city, were overtaxed to such an extent that late comers had some difficulty in securing quarters. However, every doctor who put in an appearance seemed to have an abundance of friends to cheerfully welcome him, and the "doubling up" process soon found every visitor comfortably established and ready for the scientific and other enjoyments usually offered at the time of the annual meetings.

The program for the evening preceding the general meeting included the meeting of the Pediatric Society, which has but recently organized and is intended to be an auxiliary of the State Society, and a dinner to the officers of the State Society given by the members of the Tippecanoe County Medical Society. The dinner was given in the ordinary at the Hotel Lahr, covers being laid for nineteen. Among those in the party were the officers of the State Society including Dr. Wishard, president; Dr. Heath, secretary; Dr. Bulson, treasurer, and Dr. Brayton, chairman of the publication committee, the members of the State Board of Medical Examination and Registration, including Dr. Gott, Dr. Dinnen, Dr. Spurgeon, Dr. Currier and Dr. Webster. Drs. Webster, Beasley, Hupe, Keiper, Throckmorton, Tea, Weatherill, Walker, Lairy, Davidson and Moffit represented the Tippecanoe County Medical Society. The table was prettily decorated with carnations, ferns and palms, and the banquet was served in seven courses, the following being the menu:

Consomme, a la d'Orleans.	
Young Radishes.	Salted Almonds.
Filet of White Fish, Diplomatic.	
Potatoes, Mikado.	
Tenderloin of Beef Larded, Fianaciere.	
Asparagus Tips on Toast.	
Fresh Shrimps, en Mayonnaise.	
Bisque Glace, en Form.	
Strawberries.	Assorted Cakes.
Roquefort Cheese.	Toasted Crackers.
Coffee.	

The Pedriatic Society held its first annual meeting in parlor No. 3 of the Hotel Lahr. Dr. Paul J. Barcus, of Crawfordsville, president of the society, was unable to attend the meeting owing to the fact that he has been detailed to Camp Mount as surgeon of the Second Regiment of the Indiana National Guard. Dr. Lambert, of Indianapolis, was selected to preside, and the meeting opened with a paper on "Diseases of the Nervous System" prepared by President Barcus and read by Dr. Burkhardt, of Indianapolis, secretary of the society. The following papers were also presented: "Diseases of the Digestive Organs," by Dr. Burkhardt, of Indianapolis; "Infections of the Secretory Organs," by Dr. Brayton, of Indianapolis; "Infectious and Hereditary Diseases," by Dr. Lambert, of Indianapolis.

All of the papers were well discussed by the thirty-five or forty members in attendance, and other subjects not upon the program were taken into consideration after the disposal of the regular papers, particularly the subject of sanitation in school houses and public buildings, and the spread of contagious and infectious diseases.

Attention was called to the injurious effects of the construction of a large number of school houses throughout the state, and the fact that the poor light and bad ventilation is impairing the health of hundreds of children. It was stated that if fifty per cent. of the school houses of the State were destroyed by fire it would be a blessing to the rising generation. It was also thought that school children are being over-crowded with work and that the large number of studies require so many hours of work that the strain very seriously impairs the nervous forces of all but the strongest.

A resolution was presented and adopted asking that more rigid

provisions be made in quarantining against measles. It was thought that while the laity realize the danger of diphtheria and scarlet fever, and are willing to submit to reasonable measures of quarantine, they do not regard measles as worth this precaution. They go on the theory that everybody must have measles, and the sooner the better. There were 187 deaths from this disease in Indiana last year, and when the fact is taken into consideration that measles frequently leave a permanent impairment of the eye, ear or some other organ, it can be understood why rigid measures should be taken to quarantine against this disease as well as those that are considered more dangerous.

FIRST SESSION.

Thursday morning was ushered in with a cold, disagreeable and "exceedingly wet rain," and remembering that the meetings of the society were to be held at Purdue University, a mile or so distant from the center of the city, many of the members were somewhat discouraged at the outlook, but a plentiful supply of electric cars soon transferred the members to the place of meeting. Once upon the university grounds it became evident to all present that if there is any one educational institution in Indiana that the people of the State should be proud of, it is Purdue University. The buildings, for the most part of modern and beautiful architecture, are large and well adapted to the various uses assigned them, and a visit to the many laboratories, lecture rooms, museums, library, etc., gives the visitor the impression that but very little, if anything, is lacking to give the aspirant for educational honors everything that can be attained at a progressive and up-to-date institution. The disagreeable weather, which continued for the most part throughout the time of the meeting, prevented many from enjoying the beauties of the grounds, and this, with the demands of the sessions of the society, prevented anything but a hasty visit to the various interesting laboratories that had been so kindly thrown open by the officers of the institution for the benefit of the visitors.

The morning session of the first day's meeting was called to order by President Wishard at 9:30 o'clock with about twenty-five members present. After the invocation by the Rev. Blake, and a very interesting address of welcome by the Hon. J. Frank Hanley in behalf of the mayor of Lafayette, and Dr. J. E. Webster in behalf of the Tippecanoe County Medical Society, other members

of the society who had been detained at the registration table, or who had been delayed by a visit to the art department in another portion of the building, began to arrive, and at the time of the report of the secretary seventy-five were present in the room.

Secretary Heath said that up to the time of the meeting seventy county societies had reported, and that dues had been collected from 1,425 members, giving the membership the largest at any time in the history of the society and the collections correspondingly greater. Six societies had not reported up to the time of the meeting, but it was expected that they would be heard from before the close of the final session. During the year three societies have been formed or re-organized, namely Orange, Monroe and La-Porte, and several new societies are in process of formation, including the counties of Union, Starke and Adams. The secretary reported that there were 112 delinquents, but that in spite of this the State organization showed a very material increase in membership.

The secretary stated that there were in his office quite a large number of volumes of transactions of various state societies throughout the United States, that at the present time served no useful purpose of the society. He recommended that these volumes be turned over to the Indianapolis City Library, Medical Department, for the use of all who might wish to refer to them.

The report of the treasurer, Dr. Bulson, of Fort Wayne, showed that the finances of the society were in better condition than for many previous years. He reported that the society was entirely out of debt and had about two hundred dollars to its credit.

Dr. Hurty, secretary of the State Board of Health, reported for the committee on hygiene and public health, and recited at some length the difficulties encountered by the board in enforcing the law regarding the reporting of births, deaths and marriages, and the presence of contagious diseases. He also took occasion to condemn the non-progressive physicians throughout the State who either look with disfavor upon quarantine regulations, or totally ignore the requirements of the board of health regarding the prevention of the spread of contagious or communicable diseases. He further stated that vital statistics are absolutely necessary in order to establish facts or to effect plans for the improvement of public health, and that it should be the duty of every physician in the state to assist in every possible manner in giving the authorities proper

assistance in obtaining these vital statistics. In conclusion Dr. Hurty said that typhoid fever, tuberculosis and many other communicable diseases might be absolutely prevented if the necessary restrictions and precautions were observed, and health officers were encouraged in enforcing laws pertaining to this matter. He also recommended that where necessary new laws be enacted, and that laws already upon the statute books be enforced to secure; first, accurate returns relative to the number of births, deaths and marriages and the prevalence of contagious disease, with the mortality of the same; second, prevention or regulation of the pollution of streams by sewage or refuse; third, the approval of all plans for public buildings by the board of public health and sanitation; fourth, rigid laws regarding quarantine and requirements for the prevention of communicable diseases; fifth, the approval of all plans for water works, sewers and cesspools within cities or towns of the State by a board or committee on sanitation.

Dr. Hibberd, chairman of the committee on necrology, reported the death of twelve members since the last meeting.

Dr. Brayton, chairman of the committee on publication, reported that the Transactions for the year 1897 were completed earlier than usual, and that the committee was satisfied that the book was creditable to the society, the printers, and the committee on publication. The volume contains 505 pages, and the edition, embracing two thousand copies, cost in the neighborhood of one thousand dollars.

Professor Smart, of Purdue University, then extended an invitation to the visitors to visit the various laboratories of the institution, where special demonstrations were being carried on for the benefit of the visiting medical men. He also asked that the visitors understand that they had the freedom of the grounds and were specially invited to visit any or all of the various buildings, and particularly to visit the annual exhibit of the art department of Purdue University.

At this point the president stated that there had been a general expression of opinion among the members of the society that the paper of Dr. Dinnen, referring to the work of the Board of Medical Registration and Examination, which was on the program for the evening session, be read at the regular session of the society in order to give the members a chance for discussion.

Dr. Hibberd moved that Dr. Dinnen's paper be read at once, and this motion was passed unanimously.

Dr. Dinnen, of Fort Wayne, a member of the Board of Medical Registration and Examination, then presented his paper, which embodied in detail the work of the Board during the past year. The paper was essentially a report of the Board, and gave the opinion of the Board as to the effect of the law, the interpretation of its provisions and rules by the Board, the exactions and requirements for midwives and physicians, and the efforts of the authorities to effect prosecutions for violations. It also recited the difficulties encountered in obtaining a full registration of the practicing physicians throughout the State, the opposition met with by reputable practitioners who objected to various phases of the law, and last but not least the failures in securing prosecution of violators in some counties where the prosecutors were either lax in their duty through opposition to the law or friendship for the violators. The paper concluded with a plea for the endorsement of both the law and the work of the Board, by the members of the State society, and the recommendation that the State organization use its influence in securing such amendments as seemed necessary to insure greater effectiveness.

At the conclusion of this paper one hundred and twenty-five were in the room.

Dr. Hibberd in discussing the paper stated that he believed in enforcing the law, and that the Board might possibly be criticised for some negligence in not doing their duty in this respect. He thought, however, that the county attorneys were more at fault in not attempting to carry out the orders of the Board, and that if these attorneys were "rubbed down" a little something might be accomplished. He stated that there were disreputable men practicing in Wayne County who had never made an application for a license, could not legitimately obtain one, but were not molested for their open violation of the law. This open violation he thought possible only because of neglect on the part of the Board in ordering prosecution of characters of this kind. He believed that the paper should be freely discussed, as he well knew that a majority of the members present were opposed to the Board and had criticised freely.

An opportunity was now offered for such men to speak.

Dr. C. B. Stemen, of Fort Wayne, said that he appreciated the difficulties encountered by the Board in enforcing the law, and fully

understood that the members of the Board, both individually and collectively, had done an immense amount of work in trying to make the law effective and worth something to both the people and the profession of the State. He, however,, thought that the Board could not be judicial, legislative and executive all in one. It should be executive only, and in exacting requirements not incorporated in the law (such as moral character certificates) the Board had overstepped the bounds of its authority. In conclusion he stated that he was anxious to see the law upheld by the Supreme Court and the work of the Board endorsed. In this manner only can the law be effective.

Dr. W. P. Whery, of Fort Wayne, said that we must not lose sight of the fact that this law is only a stepping stone to something better, in other words the frame work upon which we can build. We must not look upon the law as one for the benefit and protection of medical men, but for the benefit and protection of the public. We should therefore hold up that which we now have and by a united effort add to its effectiveness by amendments. He also added that the requirements of other states and countries should have nothing to do with the requirements in this State. He did not believe in any exchange of courtesies between states, nor in allowing licenses from other countries, states or territories to be recognized. In short we should have our own requirements and rigidly adhere to them.

Dr. Passage, of Peru, gave a little history of the time the first medical law was passed, and volunteered the information that he was largely responsible for obtaining the initial legislation by having the defeated bill put on record as not having been acted upon, and at a more favorable time calling it before the legislature for vote.

Dr. Currier, a physico-medical member of the Board from Indianapolis, then took the floor in behalf of the Board and stated that as secretary of the board he had had much to do with the correspondence with reference to granting of certificates, and fully understood the position taken by the medical fraternity with reference to the law. He had been surprised to find the reputable practitioners throughout the State the greatest fault-finders as to the requirements, and instead of cheerfully complying with the requirements as early as possible they had with few exceptions postponed action until the last minute, and then in many instances failed to

supply the certificate of moral character required by the Board as a precautionary measure to weed out some of the unworthy. He thought that those who could easily comply with all of the requirements, and who were anxious to see the law successfully carried out, should be in better business than throwing obstacles in the way of the Board, and by unjust and unreasonable criticism lending courage and support to the enemies of the law. He said the Board had no precedent to follow and therefore were continually meeting with complications. The members of the Board had, however, attempted to carry out the provisions of the law to the best interests of all concerned, and had made no move without the advice of the attorney general who was unusually active in his endeavors to make the law effective.

At this point Dr. Brayton, of Indianapolis, got a little "warm under the collar" and informed the speaker that his time limit was up, and moved that the scientific program be taken up. The motion was carried.

One hundred and fifty-five people were present in the room at the conclusion of the discussion of Dr. Dinnen's paper.

Dr. J. F. Hibberd, of Richmond, then read his paper upon "Biology; Its Relation to Medicine as a Factor in Cosmology." This paper, like all those of Dr. Hibberd, was one upon which the writer had given an immense amount of thought, and was well worthy of the master mind that conceived it. The paper dealt with the relation of medicine to the origin, structure, development and function of living tissue as effecting the law in the course of nature. The paper was listened to with marked attention, and was favorably commented upon by Professor Burrage, of Purdue University, and Dr. Brayton, of Indianapolis.

Dr. G. W. McCaskey, of Fort Wayne, presented a paper upon Auto-intoxication.

The paper was an admirable presentation of the latest views upon this subject, and but for the lateness of the hour would probably have received extended discussion.

AFTERNOON SESSION.

President Wishard called the meeting to order at 2 o'clock with about seventy-five members present.

The first paper presented was by Dr. Lash, of Indianapolis, upon "Spinal Irritation." This paper dealt particularly with the

various functional derangements and neuroses that may be occasioned by injuries or pathological lesions of the spinal cord. The paper was referred to the publication committee without discussion, as was also a paper by Dr. Vesta M. Swartz, of Auburn, upon the subject of "Cerebral-centers for Pain." Both papers would probably have received extended discussion were it not that the morning program had not yet been completed and there were before the meeting eleven papers listed for the afternoon session.

Among the eye papers the one by Dr. L. D. Brose, of Evansville, upon "Orbital Inflammation," and that by Dr. J. L. Masters, of Indianapolis, upon "Sudden Blindness," were referred to the publication committee without reading, the essayists not being present.

The paper by Dr. J. O. Stilson, of Indianapolis, upon "The Optic Nerve and Its Relation to Cerebral Pathology," dealt particularly with subjective and objective optic nerve symptoms that develop in consequence of lesions at any point within the optic nerve track. Choked disc, due to the presence of cerebral tumor or other intra pressure, was particularly referred to, as was also the various toxic inflammations of the optic nerve, known as retro-bulbar neuritis, etc.

The paper by Dr. J. M. Moulder, of Kokomo, upon "Trachoma," gave in detail the well known facts regarding the communicability of this disease and took into consideration the oft repeated history of the contagion. Nothing new was advanced as to the line of treatment to be pursued. His advocacy of the use of cocaine and stimulating ointments were condemned in the discussion as also the theory that tobacco and alcohol played a part in causation. The papers by Drs. Moulder and Stilson were discussed together.

Dr. Bulson, of Fort Wayne, complimented the reader of the first paper for presenting a subject of so much interest to the ophthalmologist, and one that is so little understood by the average practitioner. He thought it quite essential that every physician become more or less familiar with the use of the ophthalmoscope in order to detect at least the gross lesions of the optic nerve and retina, as these manifestations often throw important light upon the diagnosis of obscure troubles.

Referring to the subject of trachoma he could not agree with the essayist that applications of yellow oxide, sulphate of copper and other stimulating agents were applicable in the congestive stage

of the disease. The trachomatous inflammation was always increased by such treatment, and he would therefore recommend the well known depletive treatment with nitrate of silver, and expressed himself as being particularly partial to the mixture of iodide of potassium and nitrate of silver known as Hodges' Mixture. He also condemned the use of cocaine in any stage of the disease for the reason that the desciccation of the cornea produced by the use of the drug opened the way for erosions and the introduction of micro-organisms, and with this corneal complications.

Dr. Heath, of Indianapolis, followed with a plea for the use of sulphate of copper in secondary stages, believing that this remedy proved more efficacious than any other. He was also in favor of varying the treatment from time to time, as better results were secured than by following out any one particular line of treatment.

Dr. B. Van Sweringen, of Fort Wayne, criticised the paper on the ground that it advocated the theory that tobacco and alcohol played a very important role in the development of the disease and prolongation of it. He called attention to the well known fact that fully ninety-five per cent. of the trachoma cases occur in children, especially those confined in public institutions, and that but a very insignificant portion of these could be accused of the tobacco or alcohol habit. While in a confirmed inebriate trachoma might be said to continue in an aggravated stage in spite of treatment, he could not believe that in the majority of cases the effect of alcohol could be taken into much consideration.

Dr. T. W. Wertz, of Evansville, presented a paper upon "Some Points in the Etiology of Typhoid Fever," and Dr. I. N. Trent, of Muncie, followed with a paper on "Report of One Hundred Cases of Typhoid Fever as Found in General Practice," both papers being discussed together.

Dr. Wertz gave the various causes which enter into the production of typhoid fever, and dwelt particularly upon the factors which entered into the causation of the epidemic which occurred at Evansville two years ago. He was largely of the opinion that most cases of typhoid fever can be traced to the water supply.

Dr. Trent took up the question of the variation in the character of typhoid fever cases as noted in an experience with a large number of cases. He thought that the water supply was largely responsible for the typhoid fever epidemics. As treatment Dr. Trent was not prepared to advocate any specific remedy, though

he considered the expectant line of treatment applicable in all cases.

The two papers were discussed by Dr. McCoy, of Columbus, who dwelt more particularly upon the necessity of suppressing the disease by advocating a pure water supply. In the rural districts it was always well to advocate the placing of wells far distant from the barnyards and other places where drainage is liable to contaminate the drinking water.

Dr. McCaskey spoke very entertainingly upon the toxic nature of typhoid fever, and made some interesting remarks upon bacteriologic examination of the secretions from the abdominal tract.

The paper by Dr. F. J. Hodges, of Anderson, upon "Non-Operative Gynecology," was referred to the publication committee without reading, the essayist not being present.

Dr. W. H. Gilbert, of Evansville, presented a paper upon "Pus in the Female Pelvis." This paper for the most part took into consideration the various operative procedures resorted to, and concluded with a plea for the abdominal route in operative treatment.

The paper by Dr. L. B. Terrall, of Anderson, on "How and Where to Operate in Appendicitis," and the paper of R. E. Brokaw, of Portland, on "Inflammation from a Surgical Point of View," were referred to the publication committee without reading, the essayists not being present.

The paper by Dr. L. H. Dunning, of Indianapolis, "Appendicitis; Diagnosis and Treatment," was read and discussed along with the paper of Dr. Gilbert. Dr. Dunning believed that appendicitis was a truly surgical disease, and that as such it should receive the surgeon's earnest attention. From an extensive experience in cases of appendicitis he had learned to look upon it as a disease requiring operative interference, if not during the first stage, certainly during subsequent attacks which inevitably follow.

In discussing Dr. Dunning's paper, Dr. Pantzer, of Indianapolis, complimented the essayist but could not endorse everything that had been offered. While he thought that appendicitis was largely a surgical disease, he still thought that there were many cases that would get entirely well without operative interference. He would therefore discourage surgical treatment in every case of appendicitis.

Dr. Porter, of Fort Wayne, said that it was our duty to operate in extreme cases, but that in operating in every case of appendicitis

we are carrying a good thing too far. In cases in which pus is present it would be folly to overlook operative procedures. He could not endorse the statement that all cases of general peritonitis ended fatally.

"The Operative Treatment of Inguinal Hernia," by Dr. W. V. Morgan, of Indianapolis, was half didactic and half demonstration from drawings on the board. He objected to plating the sac as advocated by MacEwan (misquoted) and advocated an operation which may be said to be a modification of Kocher's operation, but essentially the same. This subject was made one of the most interesting of the meeting and was listened to with close attention.

In discussing the paper, Dr. Porter, of Fort Wayne, said that the essential feature of all treatment is to close the ring. If this is done you have success; if not, failure. He did not think that under modern methods the risk was one in five hundred. He therefore thought that all patients wearing trusses should be assured of the possibility of a radical cure. He corrected the essayist in the statement that MacEwan's operation consisted in plating the sac, saying that MacEwan's operation consists of making a series of folds of the sac and with these folds superimposed upon each other stitched the whole together.

The paper by Dr. Porter, of Fort Wayne, on "Gonorrhoeal Septicaemia," was passed, as the essayist had left the manuscript at the hotel and was unable to get it in time to read during the session. The paper appears in full in this number of the *Journal-Magazine*.

The paper by Dr. W. D. Swartz, of Portland, on "Chloroform and Ether Narcosis" was referred to the publication committee without reading, the essayist not being present.

Dr. Geo. Knapp, of Vincennes, presented a paper on "Toil on; Keep Climbing." The essayist emphasized the importance of continuous study by the physician, and the advisability of taking up special study to keep up the interest which every man should have in his chosen profession.

In discussing the paper, Dr. Brayton paid a tribute to the progressive men of the profession and thought that they should be rewarded more than they are. He spoke in complimentary tones of the good work of Dr. Wynn, who during the past year has done so much in the interests of the society and the profession as chairman of the committee on pathology.

EVENING SESSION.

The evening session was held at the Trinity M. E. church, the attendance being largely residents of Lafayette. Seated upon the stage were the president, W. N. Wishard, of Indianapolis, and ex-presidents, Drs. Beasley, of Lafayette; Kemper, of Muncie; Ford, of Wabash; Walker, of Evansville, and Porter of Fort Wayne. Also Secretary F. C. Heath, and Dr. Jas. F. Whittaker, of Cincinnati, the principal speaker of the evening and the guest of honor of the society.

After music by the orchestra and invocation by the Rev. C. B. Wilcox, Secretary Heath introduced the venerable W. H. Wishard, who was president of the State Society in 1888, father of W. N. Wishard, the present president, as chairman for the evening.

The principal address of the evening was that upon "Climo-Therapy in Phthisis," by Dr. Whittaker, of Cincinnati, the noted author, teacher and essayist. This address, which was very long and delivered rapidly, but distinctly was one of the most interesting that it has been our pleasure to hear, and we regret that we are unable to give even a respectable abstract of it.

Dr. Whittaker presented exhaustive and conclusive arguments in favor of climo-therapy in the treatment of phthisis, and advanced the assumption that every case of tuberculosis, if taken sufficiently early, and many times when taken in the late stages, can be practically cured under proper climatic treatment. He especially recommended Colorado as being the one place of all others in America, suitable as a climate for consumptives. To those who could afford to go there he recommended a permanent residence in that state. For those who could not afford to go there even for a short period he recommended attention to hygienic treatment, and particularly advocated that consumptives live out of doors, even going so far as to say that he had his consumptives sleep in the open air practically the year round. He condemned the confinement of consumptives to hot and illy ventilated rooms on the theory that exposure to drafts or cold was detrimental to the patients' interest. He thought one of the essential things necessary to the successful treatment of consumptives was a large covered, but open porch, facing the south if possible. He would have consumptives spend most of their time either out doors or upon this porch, even passing the night there. During cold weather it is possible to make the patients comfortable by plenty of warm covering, and hoods and

other wraps for the protection of the head. He had been surprised to note the improvement in even apparently hopeless cases by following this line of treatment.

The address, though long and delivered rapidly, was abridged by the omission of several pages of the manuscript, but the entire article will appear in the *Transactions* and be worthy of the careful perusal of every member of the society.

The address of President Wishard was devoted to the proud position of the Indiana State Medical Society in the interstate sisterhood, and to the consideration of the State Medical Law and its results and the reasons therefor.

Dr. Wynn in behalf of the committee on pathology gave a history of the work of the committee, and stated briefly that one hundred and fifty specimens had been contributed by various members during the year, of which the major part had to do with gross pathology. The doctor stated that while bacteriology has done more than all else to advance medical science in the last two decades, professional eagerness in pursuit of the germ theory is apt to detract from the study of gross pathology in its relation to diagnosis, hence the efforts of the committee to secure specimens that would be of pathological rather than bacteriological significance. The work of the committee is published in detail in a little volume, which describes fully the specimens that have been contributed by the members of the society.

Following the evening session the members of the society were entertained at the beautiful and well appointed rooms of the Lafayette Club, by the Tippecanoe County Medical Society, their friends and invited guests from the city. To say that the club house was packed would be expressing it mildly, for during the early hours the rooms were so crowded that it was scarcely possible to move from one room to another. Lafayette society seemed to be out in full force, and the physicians were made to feel that the reception was most cordial and sincere. Music was furnished by an orchestra, and the guests were served a light lunch in the athletic rooms in the basement.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of April:

	Cases.	Deaths.
Diphtheria (including Membranous Croup).....	0	0
Scarlet Fever ..	0	0
Measles	0	0
Typhoid Fever	0	0
Tuberculosis	not re p	10
Cerebro-Spinal Meningitis.....	0	5
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
Total deaths from all causes.....		71

SENATOR BOBILYA.

In the April number of the *Journal-Magazine* we called attention to the fact that of all the legislators who opposed the passage of the medical practice act at the 1897 session of the Indiana State Legislature, Senator Bobilya, of Fort Wayne, was perhaps the most bitter and unreasonable in efforts to thwart legislation tending to the elevation of the standard of medical practice in the State of Indiana. Senator Bobilya is reported to have even been so discourteous as to refuse to give audience to a committee of his constituents who desired to present their views upon the subject of medical legislation, and later, as was expected, showed his utter disregard for the opinions of those he was chosen to represent by voting against the bill.

Such conduct deserves rebuke, and it is the duty of every self-respecting physician of Allen County to use every means within his power to prevent such men, who prostitute public office to selfish and ignoble ends, from gaining favors at the hands of the people.

Mr. Bobilya is now seeking nomination as a candidate for auditor of Allen County upon the democratic ticket. His action from first to last in connection with the medical practice act, enacted at the last session of the Indiana State Legislature, should indicate to every physician, of whatever politics, that he is unfit for any position of responsibility within the gift of the people. Physicians of Allen County should therefore use every means to accomplish Mr. Bobilya's defeat, if not at the nominating convention then at the polls.

A. E. B.

1899 MEETING OF STATE MEDICAL SOCIETY.

The 1899 meeting of the Indiana State Medical Society is to be held in Indianapolis. As this meeting is the semi-centennial meeting of the association it is particularly fitting that it should be held in the city where the society was born. It is confidently expected that the attendance, judging from the increased interest and attendance since migration was inaugurated, will surpass that of any other meeting of the society, and we earnestly hope that such will be the case. We believe that our Indianapolis friends realize that the success of the meeting largely depends upon their efforts, and we feel certain that they will not be "weighed in the balance and found wanting."

A. E. B.

WAR DOCTORS.

It is somewhat surprising to note the large number of applications for positions as army surgeons that are pouring into the office of our secretary of war. The applications now on file number several thousand and represent nearly every state in the Union.

The question naturally arises in our minds, as to what may be the incentive of this medical patriotism. Is it to offer our services for patriotic reasons? Is it to receive honorable secular press comments, or is it the remuneration attached to the position as army surgeon together with the title and rank of major, that makes the position attractive? We fear that by far the greater portion of applicants, not because of their particular fitness for field work, but who from their limited practice seek to better their financial condition, and see in the present crisis an opportunity not to be neglected.

W. O. G.

DENVER ROUTES.

Physicians attending the annual meeting of the American Medical Association, which is to be held at Denver in June, are offered a variety of routes, any one of which has its peculiar advantages. It would seem, however, that the majority of the profession would more particularly appreciate a route over which physicians will travel in parties by special cars or trains that have been arranged for their exclusive use. The advantages of this plan are that medical men have the society of each other while making the journey, and the special cars or trains delegated to their use will prevent the indiscriminate mixing of people not to be avoided if traveling in the ordinary manner.

To the physicians of this vicinity the Wabash Railroad Company offers special inducements in the way of a special train to be known as the Tri-State Special, which starting from Detroit and Toledo will connect at St. Louis with the "Chutmuck Special" which goes through to Denver without change over the Missouri Pacific Railway. These special trains will be unsurpassed in equipment and fast time. They will be vestibule throughout, with Pullman compartment and Buffet Sleeping Cars and Pullman Dining cars.

Liberal provision is made for stop-overs, and on all tickets going and coming a stop-over is allowed at Omaha, which will enable

all those who so wish to see the great Trans-Mississippi and International Exposition. The same arrangements as to stop-overs will be made at Kansas City.

The route from St. Louis is through one of the most interesting sections of the United States, taking in as it does the fertile prairies of Kansas and Missouri, and ending with all of the interesting scenery of Colorado, beginning with Pueblo, Colorado Springs, Manitou, Pikes Peak and other scenic points, all within the line of this route, and ending with Denver, the metropolis of the mountain region.

The rates are highly advantageous, one fare plus two dollars being the amount charged for the round trip.

It is highly probable that large numbers will avail themselves of the facilities offered, and it is hoped that the attendance at the Denver meeting will be equal to that of any other meeting in the history of the society. The Denver physicians have planned entertainment upon an elaborate scale, and the scientific program is all that could be desired. It is therefore evident that those who make the western trip will find the outing one of the most pleasant and profitable of the season.

A. E. B.

Several of the members of the Indiana State Medical Society took their wives with them to the Lafayette meeting. This should be encouraged and we are heartily in favor of offering inducements to the members to take their "better halves" with them each year when attending the annual meeting. Such a plan not only gives the worthy help-mates a pleasant change from the humdrum of home life, but affords the physician husbands the most agreeable companionship while traveling and during the interim of sessions of the meeting, and adds a new feature to the usual program which cannot help but be appreciated by every physician who is still a lover as he should be, and wishes his sweetheart, be she blushing as becomes her tender years or careworn and gray from many a season's vicissitudes, to share his joys and pleasures.

NEWS NOTES AND COMMENTS

The druggists of the United States should form an army of soldiers, because they could make the Spanish Fly.

Dr. S. H. Havice left April 28 for Philadelphia. He intends to spend six months in studying diseases of the eye, ear, nose and throat.

The latest story from Klondike is that a man was caught out in a wind storm when the ground was dry and dusty, and that when he got home he coughed up \$73.15 in gold.—Ex.

The Board of Health has re-elected Dr. L. Park Drayer, city bacteriologist for the next three years. This is a deserving compliment to the efficient work done by Dr. Drayer in the past.

Dr. J. E. Miller, of Fort Wayne, has returned from an extended southern trip taken in the interest of his health. He reports that he is now feeling as well as ever and is ready to resume his practice.

The College of Medicine located in this city has let the contract for remodeling and enlarging the present college building and hope to have the work completed by September 15, in time for the winter session of '98-99.

Philadelphia is soon to have a pay hospital for contagious diseases. It seems to the writer that if capitalists conclude that hospitals for contagious diseases are good investments, it ought not be very hard to convince city authorities that the building of contagious disease hospitals with public funds is a highly proper thing to do.

Dr. T. J. Dills, formerly of Fort Wayne, but now of Pomona, California, writes that he will pay a short visit to his old home during the summer. He comes east for the purpose of taking a few weeks post-graduate study. His many friends will be pleased to learn that he is enjoying better health than usual and has built up a lucrative practice in his new western home.

Dr. J. W. Graham, of Denver, chairman of the committee on arrangements of the American Medical Association, announces that the Western Passenger Association has granted a rate to Denver and return of one-half fare plus two dollars, with a thirty day limit. Tickets will be on sale June 2, 4, and 5 east of the Missouri river, and 5 and 6 west of the Missouri river.

Allen County had the banner representation at the recent meeting of the Indiana State Medical Society with twenty-two members present. The next best representation was from Marion County with sixteen members present. Several other counties had good delegations. The increased interest in State society meetings may be traced to the beneficial influence of migration.

The regular meeting of the Noble County Medical Society was held in the parlors of the Albion House at Albion, Indiana, on May 3rd. The principle paper of the session was that of Dr. W. T. Green, his subject being "Laryngitis." Cases were reported by Drs. A. W. Johnson, W. M. Veasey and J. W. Lucky. Officers for the ensuing year were elected, but up to date we have not learned their names.

The city health board of Fort Wayne are at present considering the advisability of establishing an abattoir which shall be under the direct supervision of the board, and where rigid inspection of all meat intended for market will be observed. This is a step in the right direction and a continuation of other important measures already adopted in the interests of public health, notably the tuberculin tests of dairy cattle, and milk inspection.

The Medical and Chirurgical College of Philadelphia can now

confer the degrees of D. D. S., Ph. G., and Ph. D. in accordance with the powers conferred upon it by the act of incorporation and the upholding of this phase of its charter through recent action of the court in settlement of the suit by the Philadelphia Dental College, in which it was sought to restrain the Medical and Chirurgical College from conferring degrees in dental surgery and pharmacy.

The Tippecanoe County Medical Society were much in evidence at the Lafayette meeting of the Indiana State Medical Society, and individually were active in seeing that the visitors had an enjoyable time. Many of the delegates and members were entertained at the homes of a few of the Lafayette physicians, while all were more or less indebted for courtesies shown. It is this spirit, coupled with interesting scientific programs and brings our medical brethren into closer touch with each other.

Dr. E. L. Siver, surgeon of the First Regiment Indiana Guard, who recently left his Fort Wayne home in response to military call, has been placed upon the retired list and will probably not accompany his regiment to the south on their way to Cuba. Should it be found that his services are required he will rejoin his regiment. The retirement of Dr. Sivers results in the promotion of Dr. W. W. Barnett, of Fort Wayne, to the position of Regimental Surgeon, and Dr. C. E. Barnett, of Fort Wayne gets the appointment of Assistant Surgeon.

The unusually low rates offered medical men and their friends who wish to attend the annual meeting of the American Medical Association at Denver next month should result in a large attendance. One fare plus two dollars for the round trip is quite a respectable reduction in rates for corporations that heretofore have refused any concessions to physicians (who for the most part are of more actual service to the railroad companies than any one class of men) and it remains to be seen how much they profit by this seeming striking liberality. The attendants at the Denver meeting will profit by the concession, and we hope the favorable rates will be taken advantage of.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

THE SIGNIFICANCE OF CHLORIDES IN ANAEMIA.—W. Von Moraizewski (*Virchow's Archiv*, 1896) writes:—During anaemia there is a diminution in the excretion of chlorides in the urine; the excretion increases as the patient improves in health. Calcium phosphate behaves like the chlorides; the alkali phosphates and uric acid are increased in amount in the urine in the anaemic period, this increase lessening with convalescence. An addition of calcium phosphate and sodium chloride to iron salts increases their blood-forming action.

POTASSIUM IODIDE IN THE TREATMENT OF BRONCHOCELE.—The following formula is given in the *Journal de medecine de Paris*, for March 27th:

Rx Potassium Iodide	1 part
Ether	25 parts
Soft Soap	150 parts

M. To be painted on at bed-time and covered with a cold-water compress; to be washed off in the morning with ichthyol soap.

AN OINTMENT FOR ACUTE ARTICULAR RHEUMATISM.—*The Journal de medecine de Paris*, for March 27th published the following formula:

Rx Sodium Salicylate 30 parts
 Iodoform 10 parts
 Extract of hyoscyamus 5 parts
 Vaseline 10 parts
 M. Fiat unguentum.—*N. Y. Med. Jour.*

HOW TYPHOID MAY BE SPREAD.—A very remarkable example of how typhoid fever may be spread is given in the case of a serious outbreak of the disease which took place at Plymouth, Pa., U. S. A. The origin of this disastrous epidemic was traced to a single typhoid patient whose dejecta was thrown out upon the snow of a frozen hillside, at the base of which ran a small stream, whence the town supply of water was ultimately drawn. Several weeks elapsed, during which the dejecta were hard frozen before the March thaws permitted the melting snows to wash them into the stream below; but during this interval the typhoid germs had retained their vitality and full complement of virulence, as demonstrated by the otherwise unaccountable outbreak of typhoid fever in the said town. Various investigations have shown that the typhoid bacillus can stand being frozen; indeed, it has been found that three months continuous freezing does not destroy the germs.

FRIEDREICH'S ATAXY.—A very interesting case is described by Dr. J. Simon in the *Progress Medical*—interesting because the patient had been under observation for ten years and because Charcot had lectured on the case. The patient was an only child, without any inherited taint, who at the age of two or three years had some affection of the eyes and pain in the feet. The first note was to the effect that the child (at the age of ten years) had an asymmetrical skull, was frequently laughing, and seemed not very intelligent. Articulation was slow and scanning. There was absence of nystagmus, scoliosis, and pes cavus, and no defect of sensibility or affection of the sphincters was present. The knee-jerk was not obtained and Romberg's symptom was very marked. Four years later the patient was almost quite helpless, with great weakness of the legs, deformity of the feet, and marked atrophy of the muscles of the lower extremities. The knee-jerk was absent, but sensibility was normal. There was well-marked horizontal nystagmus, and the speech was slow and stuttering. There was no scoliosis, but

some deformity at the level of the first dorsal vertebra. The patient died suddenly, being found dead in bed, but no condition of the organs could be found to account for this. The spinal cord was unusually small, and combined sclerosis was found affecting the posterior columns, the pyramidal tracts and the direct cerebellar tract. Changes were also found in the cells of the grey matter.

THE DETECTION OF ALBUMOSE IN THE URINE.—Albumose in the urine is recognized by its yielding the biuret reaction, but Sal-kowski, in a communication published in the *Berliner Klinische Wochenschrift* (1897, No. 17), has pointed out that urobilin gives a similar coloration, so that the test is not altogether reliable. Dr. Ivar Bang, of the Physico-Chemical Institute of the Upsala University, writing in the *Deutsche Medicinische Wochenschrift* of January 13th, states that all difficulty may be avoided by the following new method which he has devised. If urine containing albumose and urobilin be saturated with ammonium sulphate and treated in a centrifuge it quickly yields a precipitate consisting of albumose, albumin, urobilin, together with some uric acid and salts. The supernatant fluid is then poured off and the precipitate well mixed with alcohol of 97 per cent., which dissolves the urobilin, leaving the albumose, the albumin, the salts, and the uric acid. The residue after the addition of a little water is now thrown on a filter, which retains the albumin, the uric acid and the insoluble salts; the albumose passes through in the filtrate and may be recognized by the biuret reaction, but with urine containing a large amount of urobilin the separation may be incomplete, in which case the residue left after the extraction with alcohol is mixed with water and shaken with chloroform and a few drops of sulphuric acid, and the aqueous solution after removal of the chloroform by means of a pipette or otherwise is ready for the biuret test. If urobilin has been taken up by the alcohol it may be recognized by the fine fluorescence produced on the addition of a few drops of solution of chloride of zinc; this test is extremely delicate.

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED. J. HODGES, B. S., M. D.,

DESTRUCTION OF VULVAR PAPILLOMATA.—Menciere says that flexible collodion containing forty to fifty per cent. of salicylic acid will cause vulvar papillomata to disappear within a fortnight. The application should be made daily, at first to six or eight of the growths and gradually extended to all until a cure is effected.

DANGER FROM THE USE OF CHLOROFORM IN THE PRESENCE OF BURNING GAS.—Dr. Love (*Medical Mirror*) says there is danger in the use of chloroform as an anesthetic in the presence of burning gas due to the formation of chlorinated vapors developed by the union of the carbon thrown off by the burning gas with the chloroform. He cites a case from the *Lancet* wherein two surgeons and several nurses were overcome, after a tedious operation, by those vapors. One of the nurses died and the lives of the others were in great danger for a time.

ETIOLOGY OF TUMORS.—Dr. Frank Hartley concludes a paper read before the New York Surgical Society (*Annals of Surgery*, April), as follows: "With the continued investigations in the study of our so-called tumors, I believe that surgery is destined to be relieved of the nomenclature and classification which we now employ, and a classification in which the primary cause will be the criterion will place our tumors: First, as the results of traumatism. Second, as the results of inflammatory processes, especially those followed by cicatrization and ulceration, i. e., a local disturbance in the nutrition of the part. Third, as the results of congenital anomalies. Fourth, as the results of disturbances in nutrition, due to toxines, chemical or possibly parasitic, developed most frequently upon a soil prepared by traumatism, inflammation or a sequestered anomaly."

SURGICAL TREATMENT OF ARTICULAR RHEUMATISM.—Dr. John O'Connor, of Buenos Ayres, in a recent paper (*Annals of Surgery*, February), advocates opening, irrigating and draining all joints attacked by rheumatism, whether the infectious agent be the gonococcus, staphylococcus or the rheumacoccus. He bases his treatment on the theory that the infection after gaining entrance to the body lodges in a joint or joints and here multiplies and produces the poison which is poured into the blood. In a word that the joint or joints affected are the depots from which the poison is supplied to produce the fever, etc., and that the opening, irrigation and drainage of these depots is therefore the logical and best method of treatment. Aside from cases of gonorrhoeal arthritis, etc., which are treated surgically by most practitioners, he reports a case of rheumatic fever treated in this way with most gratifying results.

A LIVING SUTURE.—The *Medical News* of April 2, speaks rather sarcastically of Faure's method of utilizing the fascia covering the recti muscles as suture material in the operation for the cure of ventral hernia. After removing an elliptical piece of skin from the hernia Faure frees the edges of the recti muscles. He then frees a strip one-half inch wide from the anterior sheath of the recti muscles upon either side. The strip from the left remains attached at the upper and that from right at the lower end. These strips are used for suture material by which the edges of the muscles are coapted, the upper half being closed by the left and lower half by the right strip, used as a continuous suture and secured in the middle by a knot which is encircled with catgut. The *News* thinks some skeptical surgeons will be found who will object to calling this a living suture. This is possible, but certainly it is living material at the time it is used, its normal attachment is not completely severed and it is left in immediate contact with living tissues upon all sides and in all respects the conditions favoring the continuation of its vitality are quite as favorable if not more so, than those which obtain in Tiersche's method of skin-grafting.

But granting that the strips die they will certainly resist absorption as long or longer than will catgut, while they are quite as likely to be aseptic, and less likely to irritate either mechanically or chemically. But "the proof of the pudding is the eating of it," and

the case in which Faure used his "living" suture was entirely successful.

PROTARGOL: A NEW REMEDY FOR GONORRHOEA.—Dr. E. Wood Ruggles in a letter in the *Medical News* for March 26, 1898, tells of the experience in the polyclinic of Drs. Franke & Lewin at Berlin with protargol in gonorrhoea. In the fifteen cases reported the gonococci disappeared from the discharge in six cases within twenty-four hours, in five cases within two days, in two cases within three days, and in two cases within four days. In two cases the gonococci reappeared in six and eighteen days after their first disappearance and in two other cases secondary inflammation developed as a result of the presence of diplococci and streptococci, but no gonococci were found. Altogether the results are much better than those which follow any of the forms of treatment hitherto recommended. Protargol is a chemic combination of silver with a protied body, and occurs in the form of a yellow powder readily soluble in water. Its advantages over nitrate of silver seem to be due to the fact that it is non-irritating and does not form an insoluble coagulum when it comes in contact with the urethral secretions and is not precipitated by solutions of sodium chlorid. Protargol is used in solution in water (1:200). An injection of 2 1-2 drams of this solution is made into the urethra three times daily and retained thirty minutes.

In the Berlin Letter in the same number of the *News*, Dr. Behrend is quoted as saying that in cases of acute gonorrhoea in males both the gonococci and the clinical evidences of the disease soon disappear under rest in bed, frequent injection of ice water and mild astringents and applications of ice. He has little faith in the new remedies proposed for this disease.

The clinical appearances are regarded as a far more reliable guide to treatment than the microscopic examination of the pus.

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

LEUKAEMIA IN THE NEWBORN.—Pollmann (*Erlangen*) reports

a case of splenic-myelogenous leukaemia, which originated *in utero* and which led to death nineteen days after birth. The condition of the blood was that of acute leukaemia. The case was complicated with defect of the ventricular septum, patency of the ductus arteriosus Botalli together with endocarditis of the tricuspid, all this pointing to an infectious foundation of the process.—*Wicner klinische Rundschau*, January, 1898.

A NEW DIAGNOSTIC SIGN OF MEASLES.—Dr. Hewey Hoplik, *Medical Record*, April 9, 1898, describes, under the above heading, an eruption which appears only upon the mucous membrane of the cheeks and lips, which he says is absolutely diagnostic of measles. It appears as early as three or four days in advance of the skin eruption and of course, if confirmed, will be very valuable in preventing the spread of epidemics in institutions and cities. It consists of "infinitesimally minute bluish-white specks on a reddish punctate area in beginning measles, and on a more diffusely reddened background in advanced cases." It can only be seen by a strong light, as that which comes in the window and the child should be examined close to the window, the cheek and lips being everted by the finger.

ACTION OF QUININE IN LABOR.—L. J. Hammond (*Am. Gyn. and Obst. Jour.* April, 1898) makes a report of the action of quinine in one hundred cases of labor. The dose exhibited was 10 grains repeated every half hour usually until 30 or 40 grains had been given or the effect was obtained.

"The prompt increase in the duration of contraction and the diminution of the interval between contractions, which is so uniformly shown to have occurred in this series of cases, would seem to justify the belief that this drug does exercise a marked influence on the expulsive powers of the uterus, and I am quite satisfied that, given a woman whose muscular system is below par and an atonic condition of all the muscular structures of the body, I believe the administration of quinine, begun in the early stage of labor, will not only increase the expulsive powers of the uterus by its general tonic action, but it will also, by this same action, tend greatly toward lessening the dangers of septic invasion, which this class of cases is particularly liable to, owing to this impoverished condition of the system.

THE HISTORY OF PAIN AND THE MENSTRUAL HISTORY OF EXTRAUTERINE PREGNANCY.—Barton Cooke Hirst, in the *Am. Jour. of Obst.*, April, 1898, says there are three cardinal symptoms of ectopic gestation: Pain, characteristic in nature, manner of occurrence, and situation; irregularity of menstruation, often with the discharge of what the patient calls "pieces of flesh" (decidua); and these physical signs: for the first two, three or four weeks a small swelling in the tube, no bigger than the end joint of one's thumb, and unadherent; later an exquisitely sensitive mass fixed in the pelvis by thick, velvety adhesions. He presents tabulated histories of his cases for the purpose of disproving the statement in a recent English monograph, which has been copied in a text-book, that pain is not a symptom of this condition. He states the pain is described by the patient in strongest terms; occurring in paroxysms with intervals free from suffering; appearing at any time from a few days to months after a normal menstruation; situated often in one groin, though frequently indefinitely referred to the lower abdomen; extending down one leg or up to the epigastrium; and pain so severe as to occasion profound systemic disturbance—syncope followed by nausea and vomiting, a cold sweat, hysterical outbreaks, complete disability, and every appearance of excessive shock, and these symptoms do not necessarily indicate rupture of the sac and internal bleeding.

In regard to the menstrual history one is struck with the fact (in his cases) that it is irregular and often there has been no cessation at all. Prolonged uterine bleeding, preceded or followed by the discharge of decidua, is the almost universal rule at some period in the history of a tubal pregnancy.

THE DOSAGE OF DIPHTHERIA ANTITOXIN AND ITS METHOD OF USING.—Dr. Edwin Rosenthal, *Phil. Med. Jour.* April 9, 1898, advocates the plan pursued in the following case as being preferable to the single large initial dose.

"Sarah R., female, aged 6 years and 4 months, was seen by me in consultation on March 11th, at 9 p. m. She had been ill three days, and the physician in attendance had been applying suitable remedies without any effect, as the case was becoming progressively worse. Examination revealed nasal, faucial, and buccal deposits, with involvement of the lymphatics. The membrane ex-

tended from the nose through the lachrymal duct, and was visible on the lower lid and on the conjunctiva of the left eye. The left nostril was totally closed, the membrane visible to the eye, the right nostril was still open. The examination of the mouth showed the throat blocked with blackened membranes extending over the uvula and both tonsils, and partially over the palate, surely an alarming state of things. The case was evidently a malignant one. The physician in attendance assured me that the course of the case was so rapid that what I then witnessed was not seen in the morning. The color of the child was, however, good; this was the only thing in its favor. The physician had found albumin in the urine on that day and we both united in a very guarded prognosis. A strict serum-treatment was instituted as follows: At 9 p. m., I administered hypodermically 2,000 immunizing-units of Mulford's antitoxin. The following morning, March 12th, at 10:30 a. m., I administered 3,000 units; and at 9 p. m., 3,000 units were again given, making 6,000 for the second day's dose. March 13th, at 10:30 a. m., 2,000 immunizing-units were given, and at 9 p. m., 3,000 more, making 5,000 units for the third day's dose, and 13,000 units in 48 hours. On the morning of March 14th I administered 3,000 units (all I had at the time) and on my evening visit the line of demarcation (the red line first described by myself) was visible, showing that I had now used a sufficient amount of antitoxin. No more was given until the morning of the 16th, when it appeared as if the membrane still visible was too slow in disappearing, and as no other remedial agents were employed I thought it best to administer 4,000 immunizing units more, with the result of a total disappearance of all membranes at 9 p. m., or the end of the 5th day. The patient was practically convalescent. During this period I used in divided dosage 20,000 immunizing-units of antitoxin. The albumin in the urine noted on my first visit was looked after with care; absolute rest in bed, with milk-diet, and several doses of the infusion of digitalis (which after a while the patient promptly rejected), with judicious purgation, where the only remedies employed.

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

EFFECTS OF WAR ON MEDICINES.—Sulphur, saltpetre and chlorate of potash having been declared as contraband of war, have nearly doubled in value as a consequence. These chemicals have always shown an upward tendency under favorable conditions. Opium and its alkaloids, quinine, hydrastis have all advanced in price owing to increased demand.

COCAINE POISONING FROM CATARRH SNUFFS.—Numerous cases of cocaine poisoning are daily chronicled as a result of the various snuffs and local applications for catarrhal troubles. Physicians would do well to interest themselves and their societies in measures tending to annihilate this later day curse, which is menacing the life, home and happiness of not a few of their patients.

SUGAR IN URINE.—W. K.—The copper test for sugar in urine is interfered with by several substances, chief of which are, acetanilid, antipyrin, chloral hydrate, betol, copaiba, salicylates, salol, senna and several vegetable drugs. The phenylhydrazine test should be used in cases where the patient has been taking either of the above drugs.

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BOOK REVIEWS.

THE INTERNATIONAL MEDICAL ANNUAL. E. B. Treat & Co., Publishers. 1898. New York. Price, \$3.00.

That the last issue of this well recognized work "eclipsed all previous editions," is enough to show that its merits are appreciated by the profession. It is impossible of course, to review the work done without compiling a volume of the size of the annual; but that the work is a success is attested by the fact that it has reached its sixteenth year of publication.

The writer can testify to its usefulness as a work of reference, and to the fact that, for its size, it is the best of its class. B. VanS.

A TEXT-BOOK ON SURGERY GENERAL, OPERATIVE AND MECHANICAL. By John A. Wyeth, M. D. Professor of Surgery in and President of the Faculty of the New York Polyclinic Medical School and Hospital, etc., etc. Third Edition, Revised and Enlarged. New York. D. Appleton and Company, 1898.

That the third edition of this work is issued within thirteen years of the first is proof that it is both widely and favorably known.

Perhaps no recent work on surgery has met with more general approval at the hands of practitioners and students than Wyeth's.

The present edition is quite up to date. By careful elimination and adherence to that terseness of style which had much to do with the favorable reception accorded the former editions, the size of the volume remains practically the same.

The value of this edition to undergraduates, as compared with the former ones, is much enhanced by the addition of a number of pages on the elements of surgery.

We know of no work on surgery that will more fully meet the demands of practitioners and students than will this. P.

APPLIED PHYSIOLOGY FOR ADVANCED GRADES. Including the Effects of Alcohol and Narcotics. By Frank Overton, A. M., M. D., Late House Surgeon to the City Hospital, New York. Cloth, 12mo., 432 pages. With illustrations and Diagrams. Price, 80 cents. American Book Company. New York, Cincinnati and Chicago.

This book, we think, is admirably adapted to the instruction of beginners in physiology. It begins with a clear, simple description of a cell and cell life and shows the relation of the cells to all the elements of the human body and all the processes of human action.

The sections on the effects of alcohol and narcotics are not sensational and over-drawn and are not calculated to create an unreasoning prejudice against their medicinal use on the one hand, or an utter disrespect for the whole book on the part of the young student, by the subsequent discovery that the chapters on alcohol and tobacco are intended to aid and abet the efforts of some temperance society (however, praiseworthy such effort may be) rather than a strict and impartial portrayal of the truth.

It is a good book for the public schools.

B. VanS.

TREATISE ON THE DISEASES OF WOMEN FOR THE USE OF STUDENTS AND PRACTITIONERS. By Alexander J. C. Skene, M. D., LL. D. Professor of Gynecology in Long Island College Hospital, Brooklyn, N. Y., etc., etc., etc.

Third edition, revised and enlarged with 290 engravings and four plates in colors. New York. D. Appleton and Company, 1898.

Skene's Treatise on the Diseases of Women has become a standard work and an extended review is therefore not necessary. The plan is the same as that of the former editions.

Several important additions have been made both in the text and illustrations.

Perhaps the most noteworthy addition is the description of the author's method of controlling hemorrhage by the combined use of pressure and electric heat. A full description of the instruments devised and the manner of using them, together with several illustrations elucidating the text, is given in the chapter on malignant disease of the uterus.

We fail to find any reference in the index to this method of controlling hemorrhage nor do we find it referred to in connection

with the subjects of ovariectomy, or of hysterectomy for fibroma. This seems an oversight in view of the fact that the author says in the preface that he believes this method of controlling hemorrhage to be of "great value" to the general surgeon as well as to the gynecologist.

Not many will agree with the author in his preference for Byrne's operation for cancer of the cervix.

However, one of the chief charms of the work is due to the fact that it bears the stamp of individuality.

The publisher's work is well done.

P.

THE SURGICAL COMPLICATIONS OF TYPHOID FEVER. By William W. Keen, M. D., LL. D. Professor of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia, etc. Based Upon Tables of 1,700 Cases Compiled by the Author and by Thompson S. Westcott, M. D., Instructor in Diseases of Children, University of Pennsylvania, etc. With a Chapter on the Ocular Complications of Typhoid Fever. By Geo. E. de Schweinitz, A. M., M. D. Professor of Ophthalmology, Jefferson Medical College, etc., and as an Appendix the Tower Lecture, No. V. Philadelphia. W. B. Saunders, 925 Walnut Street, 1898. Price \$3.00 net.

We learn from the introductory chapter that this book of 386 pages, had its origin in two lectures delivered by the author, viz. the Toner Lecture delivered February 17, 1876, and the Shattuck Lecture delivered before the Mass. Med. Soc. on June 9, 1896.

The second chapter is devoted to a consideration of the pathology of the surgical complications and sequels of typhoid fever. It is divided into five parts: 1. The viability of the typhoid bacilli, both in and out of the body. 2. Their wide diffusion. 3. Mixed infections of typhoid with other bacilli. 4. The pyogenic faculty of the typhoid bacilli. 5. Typhoid infection of different organs without typical typhoid lesions in the intestines.

Our surprise at the late development of typhoid sequels vanishes when we read among others of Dungem's case in which the typhoid bacillus was found in an abscess of the gall-bladder fourteen years and a half after the fever.

The wide diffusion of the bacilli brings to ones mind the very apt quotation from Shakespeare which Watson used in his practice of Physic when speaking of typhoid fever.

"The life of all his blood
Is touched corruptibly: and his pure brain
(Which some suppose the soul's frail dwelling house)
Doth by the idle comments that it makes
Foretell the ending of mortality."

The staphylococcus is "remarkably iminical to the growth of the typhoid bacillus" while the contrary is true of the streptococcus.

The pyogenic character of the typhoid germ can no longer be doubted. That typhoid infection of different organs may occur without typical typhoid lesions of the intestine seems proven beyond a doubt.

Whether the typhoid bacillus in the human intestine shall be regarded as normal, whether it can or can not be distinguished from the colon bacillus, or whether the typhoid bacilli are to be considered as only varieties of the colon bacilli, are questions which the author does not deem himself competent to answer. Exhaustive references to the literature of the subjects treated in the chapter are appended.

Typhoid Gangrene is the title of Chapter III and treats of this subject, which as the author says has received but slight attention at the hands of American authors, in an exhaustive and practical manner.

Our space will not permit of a comprehensive review of the remaining chapters of the work.

Typhoid Affections of the Joints, of the Bones, Abscesses, Haematomata, Cerebral Complications, Otitis Media, Parotitis, Typhoid Affections of the Thyroid Gland, of the Larynx, of the Pleura, Lungs and Heart, of the Oesophagus and Stomach, Intestinal Perforation, Typhoid Affections of the Liver and Gall-bladder, of the Spleen, of the Male and Female Sexual Organs, Specific Mixed Infections in Typhoid Fever and Ocular Complications are each given a chapter. Chapter XXI gives the author's conclusions together with a number of cases which were published while the book was in print. As above noted the author's Toner Lecture is given in the appendix. The index is entirely satisfactory. The illustrations are good and sufficient, but not profuse. The publisher's work leaves nothing to be desired. The book is destined to become one of the surgical classics.

P.

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THE MEDICAL EXCURSION IN JUNE TO DENVER AND SALT LAKE CITY.

The American Medical Association meets at Denver, June 7th to 10th. One of the features of the gathering will be an excursion from Denver to Salt Lake City and return via the D. & R. G., Colorado Midland and Rio Grande Western Rys., through the "Heart of the Rockies" furnishing a splendid opportunity to view the most magnificent scenery on the American Continent. Salt Lake City is an ideal summer resort and the bathing at Saltair in the great Salt Lake—inland Salt Sea, nearly a mile above sea level—is superb in June. There are more attractions in and about Salt Lake City than any place in the world. Later notice will appear in this publication giving rates for this excursion and all details. In the meantime send to F. A. Wadleigh, G. P. A., Rio Grande Western Ry., Salt Lake City for copy of pamphlets on Salt Lake City and the Rocky Mountains.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

HEPATIC ABSCESS—REPORT OF CASE.

BY DR. J. D. CHAMBERS,
Fort Wayne, Ind.

Some time in January, 1897, Mr. W. C., a farmer, thirty years of age, came to me complaining of an acute pain in the right side near the border of the long ribs, and in the region of the floating ribs. He had, several weeks before, while handling a heavy barrel wrenched himself, he said, but as it was not followed by soreness he paid no more attention to it. I made examination, found very little tenderness, diagnosed intercostal neuralgia, prescribed migraine tablets, and he went home. The patient was about his ordinary farm work, doing a great deal of it, and was otherwise in robust health, a splendid specimen of a man, six feet or more in height, and weighing nearly two hundred pounds. On February 13th, two weeks later he returned for more of the migraine tablets, saying that they relieved the pain, but that it always returned. Two weeks later or on February 27th he came again with something the same story. I thought the neuralgia very persistent, but as the migraine tablets relieved it I still kept him upon them. There was still no fever of any account and although the space of pain had ex-

tended upward somewhat, there was nothing else to lead one to suspect anything different in nature regarding the trouble.

On the 29th of May he came in saying that he had been expectorating large quantities of pus, and that he had had high fever both before and after expectoration set in. I examined him carefully again and found the region of tenderness extending well up above the mammary on the right side in front, and under the shoulder blade behind, and much more markedly tender than on previous examinations. By June 5th, the expectoration had almost ceased, but fever and hectic symptoms remained. I secured some of the expectoration, and had it examined by Dr. Drayer, but with negative result.

July 9th he reported having had another excessive discharge of pus. I then put him on creosote, and opiates to alloy pain which was considerable. About this time he began to complain of dizziness and everything turning black before him, and on several occasions he fainted away. During the next few weeks he had several excessive discharges of pus from the lungs, coming up so rapidly sometimes as almost to strangle him and lasting usually a day or two and exhausting him greatly. The tenderness still extended to the shoulder and down to the iliac region and beyond the median line in front.

About the last of July after an interval of longer duration than usual, he reported having vomited a pint or more of clear yellow pus. The discharge from the lung entirely ceased. The symptoms of dizziness and faintness became more marked, and were accompanied with jaundice and a feeling of fullness in that side.

I could at no time detect fluctuation. His appetite failed, he became emaciated, and his strength failed, so that he was unable to more than be about. On August 7th he accompanied me to the office of the late Dr. T. P. McCullough, who after examining him agreed with me in a diagnosis of hepatic abscess. He advised administering hydrochloric acid in addition to what he was already taking, and this was accordingly given. Several immense discharges of pus at intervals of two or three weeks followed, with the same symptoms as heretofore described, and with such intense tenderness that he would almost faint upon examination.

Sometime in September or October the vomiting of pus suddenly ceased, and after a longer interval than usual, after a night of extreme pain, he passed by the bowels about a quart of clear,

laudable pus. This prostrated him for the time. The discharge quickly ceased and he began to gain flesh as the cooler weather came on and he regained his former weight which was nearly fifty pounds more than he weighed during the summer.

Several copious discharges by the bowels took place during the next few months, then suddenly ceased. He now hoped the trouble was passed and he would be restored to complete health, when hectic symptoms developed without any warning, and he again coughed up large quantities of pus, and at intervals of two or three weeks would have an accumulation of matter in the right side, then a fresh discharge. Some time in April of 1898, he came in and appeared before the Allen County Medical Society, when the members of the society examined him, concurred in the diagnosis, and advised operation. Since that time, he has been going on about as before except that there have been fewer discharges. He is able to be about the farm, doing some work, but tiring out quickly. Has a fair appetite and has much less pain than a year ago. Sleeps fairly well, and except when a gathering is in progress feels much better than a year ago. His wife and family oppose an operation, but he himself would submit to one.

The trustees of Hope Hospital are having plans prepared for extensive changes and improvements in the building, such plans to contain a new operating room, which when completed bids fair to be the best equipped modern operating room in the State.

The Grant County Medical Society celebrated its semi-centennial anniversary at Marion on the 16th inst. The society was organized in 1848, and has continued in existence up to the present time, numbering among its membership since its organization some of the most prominent and progressive medical men in the State.

The evening program included addresses by the Hon. L. A. Von Behran, the Hon. R. T. St. John, the Hon. Hiram Bronlee, and Dr. A. A. Hamilton. Invitations were extended to various members of the medical profession throughout the State, and the attendance was representative.

SOCIETY PROCEEDINGS.

INDIANA STATE MEDICAL SOCIETY.

(Continued from May Number.)

MORNING SESSION, SECOND DAY.

The meeting was called to order at 9:30 with about twenty members present.

A motion of Dr. McCaskey, of Fort Wayne, to limit all papers that shall be read before the Society in the future to fifteen minutes elicited some rather spirited discussion, but was finally carried by a vote of thirty-two to twenty-eight, a large number of members having put in an appearance while the subject was before the meeting.

Dr. H. J. Hall, of Franklin, as chairman of the committee on inebriety made his annual report, and recommended that the committee be made permanent.

Dr. Moulder, of Kokomo, moved an amendment to the constitution to make the committee permanent, but through objection by Drs. B. Van Sweringen, of Fort Wayne, and J. F. Hibberd, of Richmond, the motion to amend was laid over for a year.

The chairman of the Rush Monument Committee not being present, the report of the committee was presented by Dr. B. Van Sweringen. The report showed that the amount of money received for the Rush Monument fund from the various county societies and individuals throughout the State amounted to \$375.00. Of this amount Allen County alone contributed \$206.00.

On motion of Dr. Bulson, of Fort Wayne, the committee was continued with Dr. Porter retained as chairman and with power to select other members at his discretion.

Dr. Hurty then took the floor to continue the report of the doings of the State Board of Health. The report was largely statistical, showing the relative distribution of contagious diseases and

the efforts put forth to stamp out disease in the affected localities. Dr. Hurty particularly urged that the members of the Indiana State Medical Society use their influence to promote the regulations inaugurated by the State Board of Health, and especially to uphold the city and county officers in any action that might be taken toward the betterment of the public health or sanitation of the community. In furtherance of this object he offered the following resolutions:

“Whereas, It is to the highest interests of medicine and the general welfare that the State should annually be in possession of vital statistics; and

“Whereas, The most strenuous efforts should be constantly put forth to control all preventable diseases; therefore, be it

“Resolved, That the Indiana State Medical Society recommends the early enactment of a law which will forbid burials except they be authorized by a permit from the health authorities, and requiring the householder, undertaker, coroner or others to procure such permit; and that physicians be required to report births and contagious diseases; and it earnestly recommends all members of the medical profession to energetically put forth efforts to suppress preventable diseases; and especially is it recommended that all cases of undoubted pulmonary tuberculosis, and those which have been proved to be such by microscopical examination, be reported; and the attending physician inform his patient of the true conditions and give instructions intended to prevent the transmission of the disease, and that a State hospital for indigent consumptives should be maintained; and be it further

“Resolved, That the Indiana State Medical Society recommends the enactment of a stringent State law which will forbid the pollution of lakes and streams, and which will require all municipalities to supply themselves within a reasonable time with a pure, filtered public water supply, and require also that municipalities shall dispose of their sewerage in a sanitary manner—all to the end that typhoid fever and certain other filth and water-borne diseases may, in great part, be suppressed.”

Following Dr. Hurty's report, the secretary read a communication from Marshall County which severely criticised the State Board of Medical Registration and Examination for laxity in duty, citing specific instances in which the Board had utterly failed to enforce the law in the face of direct violation.

In reply to this communication Dr. Webster, of Lafayette, pres-

ident of the Board, explained the Board's action in the specific instances cited and stated that they had acted only under positive instructions from the attorney general. In the case of one Veitz, cited in the communication, Dr. Webster said the attorney general had advised the Board that the fact of Veitz having been in the penitentiary for four years for felony "cut no figure in the matter." However, the certificate has been withheld because Veitz is at the present time under the charge of criminal abortion. Prosecution for violation of the Medical law (it having been charged that Veitz was practicing without license) rests entirely with the prosecuting attorney of the county in which the offender lives.

Dr. Webster concluded by stating that the Board was as anxious to see the law effective as any one in the State, and would take every reasonable means for punishing offenders. It was, however, necessary to allow the courts to settle the validity of the law, and until this was done the attorney general had advised that the Board invite no suits, but to let incompetents go on with their practice until the Supreme Court has passed upon an agreed case, and then the charlatans may be turned over to the prosecuting attorneys of the various counties.

Dr. Buchman, of Fort Wayne, criticised the Board for adopting power which was not conferred upon them by the law, and thought the Board had been much more anxious to hold up the legitimate practitioners than they were to hold up charlatans and quacks.

Dr. K. K. Wheelock advised caution in handling the matter, stating that too hasty action might be the means of defeating the very object desired. He thought that the people in general considered that some cases of prosecution were more in the line of persecution, and cited the instance of one Gutcher, at Larwill, a notorious quack and pretender, who is backed by the Pennsylvania Railroad System, as well as numerous prominent and wealthy individuals throughout northern Indiana. He thought the Board should be reasonably sure of their ground before they "tackled" such offenders.

Dr. McOscar followed in the same strain, and the general sentiment of the Society seemed to be the same as that expressed in the discussion of the day before.

Upon motion every member of the society was requested to use his influence with his home legislators that the law may be amended and strengthened. Speaking to the motion, Dr. Webster stated

that Indiana had become the dumping ground of the adjacent states and cities, and that large amounts of money were at hand and most eminent counsel had been engaged to fight the law before the Supreme Court. The motion passed.

Dr. Potter reported for the committee on collective investigation, and stated that the committee had been unable to collect any material. He reported the results of antitoxin treatment of two guinea pigs, one infected with diphtheria and the other not. The society was invited to witness the results in the adjoining room. The pigs given antitoxin revived; those not injected promptly died of diphtheria.

At 11 o'clock the regular program was resumed, with one hundred and five members present.

"Alcoholic Liquors in Medicine," by Dr. J. William Yager, of Lafayette, was the title of the first paper presented. The essayist opposed the use of alcohol and presented physiological and clinical arguments to sustain the opposition.

Dr. J. H. Hall, of Franklin, chairman of the committee on inebriety, supported the statements made and said that in his personal experience patients had been made much worse by the use of alcohol. He referred particularly to the ill effects of alcoholic stimulants in typhoid and other fevers.

Dr. Charles Stoltz, of South Bend, in discussing the paper said that he agreed that in typhoid fever alcohol was useless. He had discarded alcohol altogether in the treatment of all kinds of fevers. He considered that alcohol served its best use in medicine as an anesthetic.

Dr. Van Sweringen, of Fort Wayne, said that he was thoroughly satisfied that alcohol had a place in medicine despite the arguments of the ultra-temperance people to the contrary. As a stimulant it is worthy of some notice, and as a food its value is scientifically established. He would admit, however, that alcohol was often used irrationally, but he did not consider that for this reason the remedy should be unhesitatingly condemned.

Dr. Lister, of Brookston, reiterated the statements regarding the ill effects of alcohol in fevers.

Dr. Burckhart, of Indianapolis, closed the discussion by opposing the radical statements of the essayist and upholding the views expressed by Dr. Van Sweringen, that alcohol occupied a very valuable and prominent place in the therapeutics of to-day.

The committee on nominations then reported as follows: For president, Dr. J. C. Sexton, of Rush County; for vice-president, Dr. Geo. F. Keiper, of Tippecanoe County; for secretary, Dr. F. C. Heath, of Marion County; for assistant secretary, Dr. G. H. Grant, of Wayne County; for treasurer, Dr. Albert E. Bulson, Jr., of Allen County.

The group of nose and throat papers were presented together, and included "Chronic Naso-Pharyngitis," by Dr. L. C. Cline, of Indianapolis, and "Causation and Treatment of Hay Asthma," by Dr. J. F. Barnhill, of Indianapolis. Dr. Cline considered that chronic naso-pharyngitis was largely due to predisposing causes, particularly scrofulous, gouty, rheumatic and other diatheses. It was excited by exposures to cold, dust and other irritating influences, as well as to obstructive lesions in the nasal passages. As treatment the essayist recommended removal of obstructive lesions, followed by cleansing and mild astringent sprays. He also insisted upon attention to hygienic regulations.

Dr. Barnhill considered hay asthma a local affection, the hypersensitiveness of the mucous membrane of the nasal chambers being particularly susceptible to the irritating influences of pollen.

In discussing the papers Dr. Frankboner stated that he considered the treatment of nose and throat disorders of more than passing interest to the general practitioner, for the average physician usually pays little attention to this class of diseases. While he was willing to admit that this class of cases in many instances required the attention of a specialist, he yet believed that many sufferers might be relieved if the family physicians would but take the trouble to examine the nasal chambers and determine the exact condition of the parts. He had been very much gratified to note the success attending simple cleansing of the parts in many catarrhal troubles.

Dr. Bulson, of Fort Wayne, did not consider that hay fever could be called a local disorder in the strict sense of the term. He believed that all hay fever patients were to a more or less extent neurasthenic, and that there was a predisposing cause for the violent inflammations which occur at various periods through the summer season. While the uric acid theory had many advocates and was undoubtedly responsible for some cases, in others uric acid played no part whatsoever. He had often noted that a patient suffering from hay fever in August would perhaps be entirely immune by changing residence to but a few miles distant, and this despite the

fact that pollen in the one community was as prevalent as in another. In fact he had patients who having hay fever in Fort Wayne were free from the disease in Chicago, while hay fever patients in Chicago were obliged to seek some of the lake resorts for relief. He would therefore consider the active cause in atmospheric conditions.

This concluded the papers for the morning session, and after a motion by Dr. Bulson that the chairman of the publication committee be allowed one hundred dollars for his services in connection with the publication of the Transactions, this year and all years following this, which was passed, the meeting adjourned.

AFTERNOON SESSION, SECOND DAY.

(We are indebted to Dr. A. W. Brayton, editor of the Indiana Medical Journal, for a report of this session).

The final session was opened at 2 o'clock by a paper on "Tuberculosis; Its Prevention, Diagnosis and Treatment, with personal observations upon the use of anti-tubercle serum," by A. E. Powell, of Marion. The essayist gave a detailed report of eight cases that had been treated with the serum with good results.

Dr. S. C. Loring, of Burr Oak, read a paper on "The Etiology, Pathology and Treatment of Pneumonia." The essayist considered the disease from the standpoint of an acute infectious disease, and claimed that those who thought the disease was caused by taking cold were using such argument to cover ignorance. The diplococcus of Fraenkel is the direct cause and a suitable soil is necessary for its development. As to treatment the essayist thought that antitoxin would be proper if such were possessed, but as none had been discovered we must rely upon other measures. External local applications such as poultices, etc., were condemned, as were also antipyretics. Cold applications, as ice bags, were advised in some cases and in certain stages. In general an expectorant treatment was most efficacious.

The therapeutics of croupous pneumonia was discussed by Dr. O. A. Carl, of Waupecong. The essayist advocated venesection and depletion by drugs, expectorants being useless. Digitalis and belladonna were indicated in adynamic cases, followed in extreme depression by strychnia, atropin and alcohol. Cold in the form of ice bags to the affected side has a remarkable effect, ameliorating

nearly every symptom. An abundance of pure air was advocated, and the essayist claimed that no matter what the season of year there would be no danger of the patient taking cold by having the room thoroughly purified by means of an open window, the draft not blowing upon the patient.

"Mastoid Disease" was the title of a paper presented by Dr. Geo. F. Keiper. The essayist detailed the usual symptoms of the disease, together with the necessity for operative procedures. He cited several illustrative cases.

At this point Dr. Potter, in lieu of his paper which was read by title, offered resolutions opposing the District of Columbia Anti-Vivisection Bill, which were turned over to the committee on hygiene and public health with orders to report favorably at an early date.

"Congenital Monstrosities" was the title of a paper presented by Dr. Chas. Stolz, of South Bend. The essayist has given the subject very great study during the past few years, and has collected a large number of valuable specimens. The paper was an intensely interesting one, made more so by a large number of illustrative drawings.

The last paper of the meeting by Dr. Wynn, of Indianapolis, on "Oral Lesions of Syphilis in Relation to Public Health," was presented in abstract.

Resolutions of thanks were tendered the Tippecanoe County Society, Purdue University, the citizens of Lafayette, the retiring officers and to Dr. J. F. Whittaker for his address on climate as a cure for consumption.

Dr. Wishard introduced the president elect, Dr. Sexton, of Rushville, who responded with a few graceful remarks, also Dr. Keiper, vice-president.

Upon motion the society adjourned to meet in Indianapolis in June, 1899.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of May:

	Cases.	Deaths
Diphtheria (including Membranous Croup).....	2	0
Scarlet Fever ..	1	0
Measles	0	0
Typhoid Fever	0	0
Tuberculosis	not rep	5
Cerebro-Spinal Meningitis.....	2	2
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
Total deaths from all causes.....		46

MEDICAL LAW IS VALID.

The Supreme Court affirmed the case of the State on relation of John A. Burroughs against the State Board of Medical Registration and Examination, in which the Superior Court of Marion County refused to issue a mandate to compel the Board to grant Dr. Burroughs a license to practice medicine.

The Court, in an opinion written by Judge Howard, holds that the law creating the Board of Medical Registration is constitutional, and that it gives the board authority to decide whether a person holding a license to practice medicine under the law of 1885, obtained his license in the proper manner, and whether he is a fit person to receive a certificate under the new law. It also holds that the Board, for sufficient cause, may revoke a license after it is granted, subject to an appeal to the Circuit or Superior Court of the county in which the holder of the license resides.

The Court says that an applicant for a certificate of his qualifications to practice medicine might, by mandate, compel the State Board to act on his application, but that, after it had acted, his only remedy is an appeal to the Court, he cannot compel the board to take the particular action he desires. It says that the old license issued under the act of 1885 was revoked by the law of 1897, and remained in force only until the board could act on the application for a new license, but that, if a new license is refused, the applicant has no right to practice medicine after such refusal, unless, on an appeal to the Court, the Board is required to issue a license.

As to some objections urged against the law, Judge Howard says:

“Whether the law is a wise one is not for the Courts to say. It may be that as men are free to choose those who shall minister to the needs of the soul, so also they should be free to choose those who shall minister to the ills of the body. It may be that such laws repress independent investigation, and so retard the progress of medicine. It may be that many of the most valuable medical discoveries were made in spite of the prejudice and protests of men learned in the old and time-tested lore of their day. It may be, finally, that such laws are out of harmony with free institutions, according to which each citizen may pursue his own work, his own studies, his own occupation, in so far as he does not trench on the equal rights of his fellows and the welfare of the community in which he lives. These are, however, questions for the legislature, and so

long as the act is not clearly in violation of any provision of the constitution, it can not be held invalid."

The physicians and the people throughout the State have cause for congratulation upon this decision, as it means that the medical law as it stands upon the statute books can be enforced. The members of the Board of Medical Registration and Examination are all jubilant over the result of the test case and in consequence we may soon hear that active steps have been taken to bring a large number of violators, who rested upon the belief that the law would not be upheld, to justice. Now that an opportunity is given the Board to make the law effective, we hope that no time will be lost in bringing every malefactor to justice.

While we have in the past found occasion to what we thought justly condemn the action of the Board, and heard public expression of similar ideas at the annual meeting of the Indiana State Medical Society, we yet realize that the Board were obliged, through lack of legal upholding to proceed exactly as we could have wished. The Board while in itself energetic, proceeded with undue caution, but perhaps later developments will warrant sanction of this seeming inactivity in making the law as effective as intended. We sincerely hope that the Board was waiting for just such a decision as has been recently rendered and that now the new Indiana Medical Practice Act will be a law in fact as well as name.

COMMITTEES OF THE INDIANA STATE MEDICAL SOCIETY.

President J. C. Sexton of the Indiana State Medical Society has announced the following committees for the coming year:

ETHICS—Drs. Jonas Stewart, of Anderson; M. T. Didlake, of Monticello; W. G. McFadden, of Shelbyville; G. W. H. Kemper, of Muncie; L. C. Cline, of Indianapolis.

ARRANGEMENTS—J. H. Oliver, J. Rilus Eastman, A. E. Sterne, H. M. Lash, C. E. Ferguson.

FINANCE—H. M. Smith, Vincennes; G. T. McNutt, Connersville; W. A. Fankboner, Marion; A. P. Buchman, Fort Wayne; Harry Sharp, Jeffersonville.

PUBLICATION—A. W. Brayton, Indianapolis; Theo. Potter, In-

dianapolis; Allison Maxwell, Indianapolis; F. C. Heath, Indianapolis; A. E. Bulson, Fort Wayne.

CREDENTIALS—Samuel Kennedy, Shelbyville; W. C. Eichelberger, Terre Haute; Wickliffe Smith, Delphi; Geo. W. Burke, New Castle; W. T. Lawson, Danville.

MEDICAL LEGISLATION—J. C. Webster, of Lafayette. (To select his own associates).

PATHOLOGY—F. B. Wynn, Indianapolis. (To select his own associates).

HYGIENE—J. N. Hurty, Indianapolis. (To select his own associates).

NECROLOGY—Jas. F. Hibberd, Richmond.

COLLECTIVE INVESTIGATION—Theo. Potter, Indianapolis; C. S. Bond, Richmond.

INEBRIETY—H. J. Hall, Franklin; G. C. Stemen, Fort Wayne; C. A. Daugherty, South Bend; Geo. R. Green, Muncie; Franklin Greenwell, Huntertown.

RUSH MONUMENT FUND—Miles F. Porter, Fort Wayne. (To select his own associates).

AMERICAN MEDICAL ASSOCIATION—DENVER MEETING.

The meeting of the American Medical Association just closed was the largest in the history of this association save the semi-centennial meeting at Philadelphia.

This is somewhat surprising in view of the fact that the meeting was held so far from the center of population and during a period of war; and shows that neither distance nor calamity nor both can dampen the enthusiasm of physicians, nor quench their thirst for knowledge concerning their chosen profession.

The scientific work done will compare favorably with former meetings, and it goes without saying that the social features were most enjoyable and profitable. Many of those who attended are still enjoying the well-nigh inexhaustible scenic splendors of the west, the pleasure from which is greatly enhanced by the cordial hospitality of her citizens.

President Sternberg could not attend because his official duties required his presence at the front. Dr. Matthews, of Louisville,

presided and was made president for the present year. The next meeting will be held at Columbus, Ohio. P.

PHARMACY LAW.

Indiana is the only State in the Union without a law governing the sale and dispensing of medicines and prescriptions. For sixteen years the State Pharmaceutical Association has endeavored to have such a law passed, but without success. At the last session a bill brought in by the same body passed both the House and Senate, but was vetoed by the Governor.

At a meeting of the State Association held at Indianapolis on June 8th and 9th, another bill was drafted which will be presented for passage at the next session of the legislature and it is confidently expected to pass both branches of this body, and to meet the approval of the Governor.

The bill as drafted is intended as a protection to the people of Indiana, throwing a safeguard around those persons entrusted with the lives of her citizens in the preparation, sale and dispensing of medicines and poisons.

It in no wise interferes with the physician who does his own dispensing.

Under the present condition of things any person whether he be qualified by experience, adaptability or collegiate training, or whether he be ignorant of the uses and actions of drugs and chemicals, is allowed to compound prepare and sell poisonous drugs and chemicals indiscriminately.

No restrictions are at present placed upon the sale of such drugs as opion, morphine, cocaine, etc., each dispenser using his own judgment as to complying with the demands made upon him for these and other poisonous drugs.

The bill also provides for a Board of Examination and Registration similar to the provision in the medical law, and compels each and every person now engaged in the sale of drugs and medicines to make application to the board as registered or assistant registered pharmacist.

It further provides that future applicants must take an examination by the Board, and qualify as registered pharmacists or junior assistant pharmacists.

Indiana as a State will welcome the day when such a bill becomes a law. Every other state in the Union operates under similar legislation, and the hope is hereby expressed that when the bill again reaches the Governor for his signature, he will rise above the clamor and influence of a few disgruntled politicians and affix his signature to a document which promises so much good to the people of the State he represents. G.

NEEDLESS WASTE IN STATE INSTITUTIONS.

The School of Pharmacy, a branch of the State University of Purdue at Lafayette, annually prepares and compounds hundreds of dollars worth of chemicals and galenical preparations of the United States Dispensatory. There finished products, after having served their purpose, are consigned to the rubbish pile and wasted. Among the products of their laboratory may be mentioned the various fluid extracts, tinctures, wines, syrups, elixirs, emulsions, pills, ointments, etc., as may appear in the Pharmacopoeia.

If these finished products comply with all of the tests and requirements of the Pharmacopoeia, why are they not properly packed, marked, and sent to other State Institutions for use and consumption?

Nearly all of these preparations could be utilized at the Soldiers' Home, Feeble Minded Institute, Insane Asylums and prisons, and by doing so save the State a large expenditure of money.

Any doubt as to the reliability of these preparations should be expelled by the fact that the State itself sanctions the manufacture of such remedies and that the results of the work done at this institution are under the immediate jurisdiction of the State officials.

W. O. G.

NEWS NOTES AND COMMENTS

The Allen County Medical Society will hold its last meeting prior to the summer vacation on Tuesday evening, June 28th. During July and August no meetings will be held, the first meeting in the Fall being on Tuesday evening, September 6th.

Dr. Miles F. Porter and wife, and Dr. E. J. McOscar, mother and sister left on the 2nd inst., for Denver, where they will attend the annual meeting of the American Medical Association. Before returning they will visit many of the points of interest in and around Colorado.

Dr. E. L. Siver is planning to take a western trip in the interests of health and recreation. Incidentally he will look after a few business matters in the west. Before returning he will visit Cripple Creek, Denver, Pueblo, Salt Lake City and probably the Yellowstone Park.

As an evidence that the medical men now serving in the War are not forgotten at home it may be mentioned that Dr. W. W. Barnett received the nomination as candidate for coroner of Allen County at the democratic convention recently held. While in all probability Dr. Barnett will be in Cuba or some other war seat at the time of the election, he can rest assured that his interests will not suffer in Allen County, the stronghold of democracy. If elected to the position Dr. Barnett will certainly fill the office with credit.

The specifications for publishing the Transactions of the Indiana State Medical Society were submitted to competition and the contract let to Wm. B. Burford, of Indianapolis, who was the lowest bidder out of eight competitors. According to the terms of

the contract the Transactions are to be delivered within ninety days from the time that copy is submitted, and the firm will be compelled to forfeit \$5.00 per day for every additional day's delay over the ninety days specified. The book will be similar to that of last year and contain about as many pages.

Word has reached Fort Wayne that the President has sent the name of Dr. C. H. English, of Fort Wayne, to the Senate for confirmation of appointment to the position of brigade surgeon. The position is one of considerable honor and importance and carries with it a salary of \$3,600.00 a year and expenses. While Dr. English is comparatively a newcomer in Fort Wayne he holds the respect of the regular physicians of the city and is recognized as being amply capable of conducting the affairs of the Government position to which he is to be appointed. Dr. English goes to the War with the best wishes of the medical fraternity, and especially the *Journal-Magazine*.

Dr. Christian B. Stemen, of Fort Wayne, has received the nomination as republican candidate for Congress from the Twelfth Congressional District of Indiana. Dr. Stemen has been a life long republican and for several years has been closely identified with campaign work throughout northern Indiana. He is a man of more than ordinary ability as a surgeon, and has the confidence, respect and good will of a large circle of medical and other acquaintances throughout the State. We have every reason to believe that Dr. Stemen will enter the campaign with very good chances of winning at the polls, and if elected we know that he will satisfactorily represent the people in the congressional halls at Washington.

Through the daily press we learn that Indiana is to have a new medical journal to be known as *The Medical and Surgical Record*, with publication office at Indianapolis. Articles of incorporation were recently filed, showing capital stock of \$3,000.00 divided into shares at \$10.00 each. The officers announced are, president, Dr. L. L. Todd; vice-president, Dr. P. S. Scherer; secretary, Dr. G. F. Barnhill; and treasurer, Dr. G. V. Woolen. The editor-in-chief will be Dr. Samuel E. Earp, who is to be assisted by

Drs. W. V. Morgan, Joseph Rilus Eastman, J. L. Masters and Alison Maxwell, as associate editors. The publication will consist of hospital reports, original articles, proceedings of societies and similar matter.

The Teachers' Sanitary Bulletin, recently issued by the Michigan State Board of Health, has a valuable article upon "The Teaching of Hygiene and Sanitary Science in the Secondary Schools" by Prof. Delos Fall, of Albion College. The article deals particularly with the methods to be pursued in instructing school children regarding conditions which pertain to public health. The paper takes up the question of lessons in sanitation, spread of contagious diseases, elements of bacteriology including "elementary ideas concerning the relations which germs or bacteria bear to disease and death," the various laws relative to health, means of prevention of disease, including isolation and infection in contagious diseases.

As an evidence of the value of the work done by the health board a statistical table is given showing the relative decrease in not only the number of cases but the death rate in the infectious and communicable diseases. It has been shown that in scarlet fever, since the work of the health board has been upon its present efficient basis, the percentage of cases has been reduced from 12.79 to 2.25 and the death rate from .50 to .10. In diphtheria the reduction has been from 13.01 to 2.71, and the death rate from 2.12 to .47.

An interesting feature of the pamphlet is the diagram showing the relative number of deaths from the various communicable diseases from 1884 to 1895. Consumption heads the list with more than twice as many as any other disease. Following this in regular order come pneumonia, diphtheria, typhoid fever, scarlet fever, measles, whooping cough and small pox. Taking the number of deaths as approximately 55,000 for the period shown it can be seen that 28,000 of that number died from consumption, while the remaining 27,000 is divided between the other seven communicable diseases mentioned. The diagram is given for the purpose of showing the importance of restricting the spread of consumption, and the article concludes with instructions as to how the people may learn how to co-operate with a view to the prevention of these communicable diseases which yearly produce such marked mortality.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

CASE OF HYDATID OF THE BRAIN.—In the *Australasian Medical Gazette* for February is recorded a case of hydatid of the brain successfully operated upon by Mr. O'Hara of the Alfred Hospital, Melbourne. The patient aged thirty-six, was admitted with aphasia and loss of power in the right arm, leg, and face. Illness began six months previously with twitching of the tongue and arm and epileptic fits. The fits lasted four months and then ceased. There was no optic neuritis at first, but this subsequently developed while under observation. The patient was trephined over the lower part of the Rolandic area. A needle drew off clear fluid. A cavity of the size of a bantam's egg was incised and drained. The evening after operation the patient had an epileptic fit. The tube was withdrawn. The wound healed and some improvement has occurred in the motion of the arm.

ICHTHYOSIS AND ARTERIAL ATROPHY.—MM. Gastou and Emery furnish an interesting contribution to the pathology of ichthyosis in the *Journal de Clinique et de Therapeutique Infantiles* of March 24th, 1898. The disease as observed by them occurred in two children aged respectively twelve and ten years and was of the granular variety, each hair being the centre of a minute horny plate. Their father was troubled with the same condition of skin and he, two years before the birth of the elder child, had syphilis. The most interesting feature about these cases, however, is that they

exhibited a conjunction of ichthyosis with marked arterial attenuation as expressed in a hardly perceptible thready pulse in both radial arteries with cyanosis of the extremities. This peculiarity has also been noted in ichthyosis by M. Variot. MM. Gastou and Emery regard both the skin disease and the arterial shrinking as evidence of common dystrophic change—possibly in these cases related to the parental syphilis, but not necessarily dependant on this cause as a rule. They note another case in which the same condition of skin and blood-vessels was observed by them in which the underlying hereditary taint was that of tubercle, and they believe that alcoholism and other hereditary disorders exercise the same influence.

AMYLOLYTIC FERMENTS.—In an article on this important subject Wyatt Wingrave, M. R. C. S., Eng. (Assistant Surgeon to the Central London Throat and Ear Hospital), in the London *Lancet*, May 7, 1898, we are informed of a personal necessity that arose in the writer's experience for a reliable starch digestant. A crucial comparative examination was therefore made of many malt extracts and of Taka-Diastase, the tests being conducted both chemically and clinically.

He summarizes briefly: 1. That Taka-Diastase is the most powerful of the starch or diastatic ferments and the most reliable since it is more rapid in its action—i. e., "it will convert a larger amount (of starch) in a given time than will any other amylolytic ferment." 2. That Taka-Diastase seems to be less retarded in its digestive action by the presence of the organic acids (butyric, lactic, acetic), and also by tea, coffee and alcohol, than are saliva and the malt extracts. This is an important point in pyrosis. 3. That all mineral acids, hydrochloric, etc., quickly stop and permanently destroy all diastatic action if allowed sufficient time and if present in sufficient quantities. 4. That Taka-Diastase and malt diastase have, like ptyalin, no action upon cellulose (uncooked starch). All starch food should therefore be cooked to permit of the starch ferment assisting Nature in this function.

THE TREATMENT OF TETANUS.—Our Rome correspondent writes, under date April 3d, "From Palermo I hear that Dr. Francesco Supino, on the veterinary staff of the cavalry regiment quar-

tered at Monferrato, having got none but negative results from the Tizzoni antitoxin in treating a horse for tetanus, had recourse to serotherapy. He took the serum from a horse that had been cured of tetanus and on the 14th ult., at 4 P. M., he made a first injection of 100 grammes of the serum, introducing it subcutaneously at the neck and suspending all other treatment of the suffering animal. Next morning at 8 he noted a marked general improvement—facility in movement, deeper respiration, pronounced diminution of the trismus, and the eye more expressive. Continuing the practice at intervals of twenty-four hours, he made four other injections of 100 grammes each and always had occasion to note improvement—improvement, indeed, so uniform and progressive as to admit of the horse's lying down and raising himself (a thing he could not do at first) without external aid. The animal (I hear to-day) is in full convalescence and is led out by hand for an airing without antecedent trouble. Dr. Supino adds that serotherapy has had previous trials in tetanus, but not with the above indicated means, of which a detailed report may shortly be looked for from his pen."—*Lancet*.

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED. J. HODGES, B. S., M. D.,

DERMATITIS FROM POISON-IVY, TREATMENT.—Dr. W. F. Martin, of Colorado Springs (*Medical News*), reports most gratifying results from the use of collodion in the treatment of poisoning from poison-ivy. It is to be painted over all parts affected once or twice daily, being careful to cover newly affected parts as soon as noticed. A cure is effected in from two to four days.

CASTRATION FOR HYPERTROPHY OF THE PROSTATE.—Dr. Lewis Stephen Pilcher writes in the *Annals of Surgery* for May, 1898, on the ultimate results of castration for enlargement of the prostate and concludes that the procedure requires no especial

skill, is free from danger and gives great relief from the difficulties attendant upon obstructive prostatic hypertrophy.

He reports nine cases in which the only "blur upon the record" consisted in the infliction of "a few weeks of childishness upon one patient." He says that castration "has at least won a place for serious consideration whenever the problem of the relief of urinary obstruction due to prostatic hypertrophy is presented for discussion."

A SIMPLE METHOD OF CURING AN INGROWING NAIL.—Tardif, (*Anjou Medical*, February 1, 1898), says that he has been able to cure all cases of ingrowing nail, without recourse to the knife. He proceeds as follows: With a flat probe, or a match, he slips a bit of cotton between the edge of the nail and the inflamed flesh. Another strip of cotton is put along the outer margin of the ulcerated area, and the space between these two strips of cotton, and which is occupied by the ulcer, is thickly powdered with nitrate of lead. The whole is covered with cotton, and the toe is bandaged. The dressings are repeated the following day, and every day until the incarcerated edge of the nail is plainly visible. Usually four or five dressings suffice. Then, with patience the edge of the nail is lifted away from the flesh and a bit of cotton is introduced under it, to keep it up. As it grows it will gradually take its proper position above the flesh, this having in the meantime shrunk and shriveled by reason of the applications of lead nitrate. The lead is to be discontinued as soon as it appears that the exuberance of the fleshy bed of the nail has been overcome. This difficulty seldom recurs. If this does happen it is necessary to repeat the treatment from the beginning.—(*Medical News*).

TREATMENT OF EXTRA-UTERINE PREGNANCY AND OF COLLECTIONS OF PUS IN THE PELVIS BY VAGINAL DRAINAGE.—Dr. Howard Kelly, of Baltimore, read a paper before the surgical section at the Denver meeting of the American Medical Association in which he advised vaginal drainage as the preferable method of treatment in ruptured extra-uterine pregnancy in cases in which the hemorrhage has stopped, as well as in collections of pus in the pelvis. His experience has taught him that this method is fraught with less danger than celiotomy and is followed by as good results as to cure.

He reports cases of pyosalpinx thus treated in which pregnancy subsequently occurred and in which the labor and lying-in progressed normally.

The method is certainly based upon well founded surgical principles which in other branches of surgery have been for years unquestioned.

It would not be considered good surgery to remove a bone which was the seat of an osteomyelitis, to excise a portion of skin in which was situated a boil, nor to remove a muscle that contained an abscess. Why then should we remove the Fallopian tubes because they contain pus and thus rob the woman of the chance of becoming a mother. We have long held that drainage should be the method of choice in these cases. In some cases it will, of course, not be feasible, and in some it will fail to cure. In these cases as complete removal as is possible must be done, and preferably, we think, by the abdominal route.

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

OOPHORECTOMY DURING LABOR.—Dr. E. Reynolds, of Boston (*International Journal of Surgery*, June), reports what he believes to be the first case of oophorectomy performed during labor. The tumor which prevented delivery proved to be a dermoid cyst in a necrotic state. The child was extracted from the uterus after perforation. The patient recovered.

RHUS AROMATICA IN INCONTINENCE OF URINE OF CHILDREN.—Dr. Ludwig Freyberger, clinical assistant to the Hospital for Sick Children, Great Ormond Street, London, recommends the liquid extract of rhus aromatica in this complaint. He records thirty cases treated with gratifying results, and says, that the astringent taste and disagreeable odor of the liquid extract of rhus aromatica are sufficiently disguised by syrupus aromaticus.

The dose employed was five to ten minims for children two to

five years old, ten to fifteen minims for children five to ten years old, and fifteen to twenty minims for older children.

A very convenient formula is the following:

R	Ext. rhois aromaticae liq.....	min. 10;
	Syrup. aromatici	" 20;
	Aq. destillatae	ad dr. 1.

S.: Three times a day.—*Treatment*, May 12th.

BACTERIA OF THE VAGINA AND THEIR SIGNIFICANCE, BASED UPON THE EXAMINATION OF THE VAGINAL SECTION OF ONE HUNDRED PREGNANT WOMEN.—Dr. J. Whiteridge Williams, of Baltimore, read a paper with this title before the Am. Gynaec. Society at its meeting in Boston, May 25, 1898. After reviewing the many investigations of this kind that had been made, and noting the conflicting opinions, he detailed his own results. In his cases he did not find a single streptococcus or staphylococcus aureus. The different results obtained by various investigators, he said, were entirely explicable by differences in technique. Those who had obtained positive results had introduced a large speculum and taken the secretion with a platinum needle, but the introduction of such a large object carried past the hymen the organisms lying at the ostium vaginae. To obviate this, he had used a small scoop, and, in introducing it, had spread the hymen and labia widely apart so as to avoid contact. Consequently organisms were not introduced from without and no pathogenic germs were introduced into the vagina. The author, therefore, concluded: (1) As the vagina did not contain pathogenic germs, auto-infection with these germs was impossible; (2) if the vagina contained streptococci frequently, a vaginal examination with the sterile finger would be very dangerous, which it was not; (3) the vagina might occasionally contain bacteria which might give rise to sapraemia by auto-infection, but this was usually quite mild; and (4) death from puerperal infection was due to infection from without, and usually to neglect of aseptic precautions on the part of the physician or midwife.

GONORRHOEAL ARTHRITIS, COMPLICATING OPHTHALMIA NEONATORUM.—At the March 9th meeting of the Society of the Alumni of the City Hospital, N. Y., Dr. F. L. Taylor read a paper on the above subject for Dr. H. C. Hazen.

True gonorrhoeal arthritis in cases of ophthalmia neonatorum was of such rare occurrence that he desired to report two cases he had met with.

The cases presented very little difference in their symptomatology from the ordinary gonorrhoeal rheumatism (so called) in the adult, except as running a shorter course; and, as there were no particular points of interest other than those occurring with ophthalmia in infants, he would only narrate the histories.

Case I was that of a female child, apparently perfectly healthy at birth. On the third day of its existence it developed some inflammation of the eyes and was treated for four days by the midwife, who washed out the eyes with the mother's milk. The condition on the seventh day (of the disease), when first seen by me for treatment, was as follows:

There was a moderate degree of chemosis, a profuse purulent discharge, and considerable cloudiness of the cornea. On further examination any attempts to move the child caused it great pain, due to an inflamed condition of the right hip joint. The hip was semiflexed. No other lesion could be found. There was no vaginal discharge; the navel was healthy and clean; no heart lesion. Three days later (the tenth day) the right ankle joint became swollen, red, and very tender; soon, fluctuation was noticed over the malleoli. About this time the right wrist joint became similarly involved. The inflammation gradually subsided in the subsequent ten days, with the use of syrup of iodide of iron and ichthyol ointment (five per cent.) externally. Under the usual treatment, cold compresses, irrigations with boric acid and solution of nitrate of silver, etc., ophthalmia disappeared, leaving, however, a leucoma of the cornea. The temperature of the child varied from 101 degrees to 103 degrees F. from the seventh to the seventeenth day.

Case II.—A male child, born healthy, developed, on the ninth day, in spite of the precautionary use of silver solution according to Crede, a mild ophthalmia. This persisted for two weeks and a half. On the ninth day of its ophthalmia, the eighteenth of its life, attention was called to the right knee joint, by the constitutional disturbances rather than by any pain in the part. There was a large accumulation of fluid. This was drawn, the chief object being the examination for cocci, and the fluid did not reaccumulate. The discharge of the ophthalmic pus and the serum from both cases contained the cocci of Neisser. Some ten to twelve cases of ar-

thrititis associated with ophthalmia neonatorum had been reported, so far as he could ascertain. The majority of them showed the gonococci in the serum or pus of the exudation. The knee, ankle, and wrist joints were the usual seat of involvement, but in none was the hip joint implicated.—*N. Y. Med. Jour.*

TREATMENT OF FRACTURES OF THE ELBOW JOINT.—Dr. Chas. Frazier, *Univ. Med. Mag.*, April, 1898, describes his dressing for fractures about the elbow joint. It is devised to carry out the Jones plan of fixation in the position of acute flexion and consists of a sleeveless jacket which laces under the axilla of the injured side and has a mit on the sound shoulder for the hand. The jacket is made of any strong material. The arm is then free from any dressing, the position alone keeping the fragments in position.

The treatment of fractures about the elbow joint should consist, he says, in—

- (1) Perfect reposition of the fragments.
- (2) Placing the arm in the position of acute flexion.
- (3) Daily massage beginning within the first week.
- (4) Passive motion,—not delayed after the danger of displacing fragments is past.

The advantages of his dressing he claims are:

(1) When the fragments are properly reduced they can with difficulty be displaced.

(2) The formation of callus in such a way as to hamper the movements of the joint is prevented.

(3) The absolute fixation of the fragments is a safeguard against callus—formation.

(4) If the reduction has been perfect the danger of the gunstock deformity may be disregarded.

(5) The ability to dispense with splints and bandages has a three-fold advantage: (a) It avoids the possibility of any interference with the circulation of the limb either by pressure or constriction. (b) It allows a daily inspection of the injured part, without disturbing the limb in the slightest. (c) Massage can be applied at a very early stage without the necessity or danger of removing the dressing.

(6) The early institution of massage will hasten the absorption of any inflammatory exudate before the latter become organized, and will prevent to a great extent muscular atrophy.

(7) The early and judicious employment of passive motion will help to preserve complete functional activity, by stretching the peri-articular tissues that have become infiltrated with the exudate, and by preventing them from contracting as the exudate organizes.

(8) To say the least the position of acute flexion consults the comfort of the patient. Forced extension is, as is well known, a most uncomfortable position.

(9) Should partial ankylosis result, as it sometimes will despite the strictest attention to every detail, an arc of motion ranging from complete flexion to incomplete extension is a much more useful one than that from complete extension to partial flexion.

(10) The simplicity of the dressing makes it available at all times and in all places.

No specially constructed splint, no roller bandages, are necessary to retain the arm at least temporarily in the proper position.

Six cases are reported and skiagraphs of the fracture and photographs of the extension and flexion resulting are given. The results are certainly admirable.

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

PRECIPITATE FORMED IN SYR. HYPOPHOSPHITES COMP. is due to several causes, the two principal ones, being the use of an unstable calcium hypophosphite, and the use of granulated sugar bleached with ultramarine blue.

WOOD VERSUS GRAIN ALCOHOL.—On account of its cheapness, wood alcohol deodorized is now extensively used in the manufacture of preparations intended for external use, chief of which may be mentioned, spirits of camphor, tinct. arnica, tinct. iodine, soap, liniment, bay rum, etc. It appears to answer the purposes in nearly all of these preparations, but inasmuch as its use is not sanctioned or ratified by the U. S. Pharmacopoeia its adoption should be restricted.

Tinct. iodine made with wood alcohol becomes pale in the course of time due to a chemical decomposition.

TO REMOVE NITRATE OF SILVER STAINS FROM CLOTHING.—*(Nat. Druggist)*. A solution of iodine in ammonia water, the so-called colorless tincture, will remove nitrate of silver stains from the hands, clothing, etc., but owing to the danger of the formation of nitrogen iodide, which is a powerful explosive, it is not recommended. A solution of iodine in iodide of potassium dissolved in water is nearly as quick and quite as effective. Dissolve fifteen parts of iodide of potassium in fifty parts of water, and to the solution add ten parts of iodine. When the latter is dissolved add sufficient water to make five hundred parts. Keep in a well-stoppered bottle. Treat the spots with this, and after a few minutes with a ten per cent. solution of caustic soda, which will remove the silver iodide formed by the first treatment.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum

Professor of Laryngology and Rhinology in the Fort Wayne College

of Medicine, Fort Wayne, Indiana.

ICHTHYOL IN AFFECTIONS OF THE EYE.—M. Ebersson recommends ichthyol in the highest terms, especially for children, in treating trachoma, as it shortens materially the course of the disease and ensures complete recovery. It also heals rapidly all cases of catarrh of the conjunctiva with or without corneal complications. It is also a powerful agent in clearing up cicatricial formations in the cornea. He uses a 50 per cent. aqueous solution, to which a little glycerin is added, applied and left a minute or two. The *Klin.-therap. Woch.* of May 1, contains his report of numerous observations during the last two years.

PARTIAL OPTIC NERVE ATROPHY AND CENTRAL SCOTOMA (SO-CALLED CENTRAL AMBLYOPIA), APPARENTLY DUE TO CHRONIC LEAD POISONING.—Dr. G. E. De Schweinitz, in the June number of the *Ophthalmic Record*, gives a history of two cases of lead amblyopia which are interesting because of their comparative rarity.

While it is common to find cases of chronic lead poisoning the number of these cases that are affected by amblyopia is considerably small. Among more than twelve thousand cases of ocular disorders recorded in the Jefferson Medical College Hospital and the Philadelphia Polyclinic during the last five years, there have been only three cases of optic nerve or retinal change attributed to lead, and two of these are doubtful. Out of 138 cases of toxic amblyopia reported by Uhthoff only one was due to lead.

The first case reported by Dr. De Schweinitz is that of a house painter, 35 years of age, who was admitted to the hospital because of progressive weakness in the legs, chronic constipation, some cough with expectoration, and dim vision. The patient was the user of both tobacco and alcoholic spirits, though neither of these narcotics had been used for two months prior to admission. The man had followed the occupation of painting for fifteen years and at times had suffered from colic, but never typically from painter's colic, nor had he ever had wrist-drop. For two years he had been ailing and for a number of years had suffered from persistent constipation. About one month prior to his admission to the hospital he noticed that his vision was failing, attention being first directed to this symptom by inability to read ordinary print. The failure in vision was unassociated with pain or other sign of inflammatory action.

Vision in the right eye 5-60, disc nearly circular, with a scleral ring well marked all round, a sharp central excavation and faint choroidal ring outward, and some moderate choroidal disturbance in the circumference. The entire deeper layer of the disc greenish, and considerably more than its temporal half was of a grayish-green color. Superficial capillarity was preserved upon the nasal side. No lesions in the macula, no changes in the central circulation, and no noticeable perivasculitis. Field of vision showed slight contraction of the form field, particularly upon the temporal side, a moderately good red field and a central scotoma, oval in form and for the most part relative in character, extending from 3 degrees on the nasal side to 12 degrees on the temporal side, and 3 degrees above and 7 degrees below the point of fixation. Directly surrounding the fixing point and within the relative confines was a small absolute scotoma, about 3 degrees in diameter.

Left eye, vision 5-35. Fundus so nearly similar that of the right eye that the description already given applies to this eye. Pupil-

lary reactions normal and no palsies of the external ocular muscles.

The urine was tested for lead by means of oxylate of ammonium and a strip of magnesium, and heat in the presence of a crystal of iodine. Yellow iodide of lead was deposited. Later a quantitative examination was made and eight milligrammes of lead by weight were found in urine collected for twenty-four hours, and it was also estimated that two milligrammes were lost in the process of examination. The examiner reported that even in well marked cases of plumbism the urine may contain only such small quantities.

In the second case a house painter, aged 59, applied for treatment in the Eye Dispensary of the Jefferson Medical College Hospital for failing vision dating back eighteen months. Vision in the right eye 10-200, left eye 20-200. Both nerves showed general gray white atrophy. Veins small, tortuous, and compared to the arteries large. Arteries small with well marked perivascularitis. Pupils normal, no paresis of the external ocular muscles. Field of vision showed marked concentric contraction especially on the right side, very decided contraction of the red field and green blindness. In each eye central scotoma extending from somewhat on the nasal side of the fixing point to about twenty degrees beyond it.

No cause for the optic nerve atrophy and perivascularitis could be found, except exposure to lead. He gave no history of painter's colic, nor had he ever suffered from wrist-drop. There were marked retraction of the gums and gingivitis. Somewhat uncertainly a blue line seemed to surround the upper incisor and left canine tooth. A test of the urine disclosed no albumen, sugar nor casts. Not a trace of lead could be discovered, though the most delicate tests were employed. Dr. De Schweinitz remarks, however, that he could discover absolutely nothing else to account for the trouble and therefore attributed it to lead poisoning.

Dr. De Schweinitz concludes by saying that ocular manifestations of chronic lead poisoning may manifest themselves as a transient amblyopia, due to the anesthetic effect of lead on the optic nerve and retina; as an amblyopia due to retrobulbar neuritis, which may terminate in permanent atrophy; as an optic neuritis or neuroretinitis specifically due to lead, which may be followed by optic

nerve atrophy, and, finally, as a vasculitis and perivasculitis of the retinal vessels.

The first of the cases reported appears to belong to that group of amblyopias due to restrobulbar neuritis, which may or may not terminate in permanent atrophy. The second case, inasmuch as chemical examinations failed to find lead in the urine, must in spite of the slight bluish line on the gums, also somewhat uncertain in character, be relegated to the doubtful class. In this case there also appears to have been a neuritis, with special degeneration of the central fibers, the degeneration being much more widespread than in the first case, and associated with visible thickening of the coats of the blood-vessels and shrinking of their lumen.

BOOK REVIEWS.

OUR NAVY—ILLUSTRATED.—At the present moment, when all eyes are turned to the fleets which are sustaining so nobly the honor of our country, we often hear people ask, "What is the difference between an armored cruiser and a protected cruiser?" Very few people are able to answer such queries off-hand, and it would be hard to obtain satisfactory answers to them from cyclopedias or dictionaries. To answer these and similar queries the *Scientific American* has just published a "Special Navy Supplement," a large folio of 40 pages illustrated by 90 illustrations, showing the vessels of the new Navy, whether battleships, coast defense vessels, cruisers, rams, torpedo boats, gunboats and submarine boats. Unlike most publications dealing with the navy, the actual methods of "Fighting the Ship" are described—the engines, boilers, guns, turret, mechanism, steering gear, etc., being illustrated. We do not know of any publication which gives in any degree the same matter. The present time is most opportune for a publication of this kind and we are pleased to know that the sale has been phenomenal. This issue contains a colored map of Cuba and the West Indies. It is sold for twenty-five cents a copy by all newsdealers or by Messrs. Munn & Co., Publishers, 361 Broadway, New York.

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

REPORT OF A CASE OF CEREBELLAR ABSCESS. *

BY H. A. DUEMLING, A. M., M. D.

Professor of Surgical Anatomy and Assistant Professor of Surgery in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

Of all affections of the brain none, perhaps, has received more consideration or has been made the subject of research oftener than brain abscess. The cause for suppuration here as elsewhere, the researches of Grawitz and DeBary notwithstanding, are the pyogenic micro-organisms. How and under what conditions these bacteria gain access to and cause encephalitis suppurativa is taught in the etiology of brain abscess.

In the vast majority of cases the infection arises from a collection of pus already in existence, probably in close proximity to the brain, rarely far from it. These suppurative and infectious processes take their origin commonly from traumatic causes or otitis media purulenta. An injury to the cranial coverings may be the initial point of entrance for the infection, but it is necessary for the production of brain abscess that the injury shall penetrate the bony cranium. Injuries which penetate the bone carry bone fragments

* Read before the Allen County Medical Society, June 21, 1898.

into the brain substance. Bullets, broken knife blades, which remain there, are the most prolific source for purulent collections in the brain.

In 241 cases of brain abscess tabulated by Gowers 24 per cent. were a direct sequence to injury, and Allen Starr found twenty-eight traumatic cases in a total of fifty-five. Injury, then, is of great importance in the etiology of the affection under consideration.

Traumatic abscesses may occur in days, months or even years after the reception of the injury. Martins has found an abscess as large as a hen's egg thirty-six hours after injury; on the other hand well authenticated cases are on record where twenty to thirty years have elapsed between cause and effect. Bergmann gives as the mean three to five weeks. Usually the abscess occurs at the point of reception of the injury, rarely the abscess is found in the portion of the brain which has suffered by *contre coup*. Gowers found the lesion in the frontal convolution when the insult had been offered on the occipital bone.

In a large percentage of cases carious processes affecting the cranial bones and purulent diseases of the mucous membranes clothing the cavities are responsible as modes of infection. And amongst these again we find that chronic otitis media is the most prolific. Some authorities (Bergmann, Gull, Sutton and others) believe that purulent otitis is a causative factor in one-third to one-half of all cases of brain abscess. Treitel found twenty-one cases of purulent collections in the brain in 6,000 post mortem examinations and of these seven were due to otitis.

Males suffer one-third more often of brain abscesses than females. The greatest frequency of this affection is found in the years between twelve and thirty. V. Beck reports a case of abscess in a child one year old, but was unable to find another case in the literature at his command.

Cases of cerebellar abscesses are by no means rare, and are almost always preceded or accompanied by otitis purulenta. The ages at which they occur are, with very few exceptions, from twelve to sixty. The case herein reported, however, presents three points, which are uncommon, i. e.: The age of the patient three and one-half years, the production—an injury, and the double-sidedness of the affection.

In cerebellar abscess local symptoms are conspicuous by their

absence. Macewen says that so long as the abscess is small and not complicated, symptoms pointing to its seat are absent, and Jansen says "the diagnosis of cerebellar abscess can not be made with precision with our present knowledge."

The chief symptom of cerebellar affection is, however, cerebellar ataxia, but it also occurs in abscesses located elsewhere. If the cerebellar ataxia is an early symptom and persistent even at a time when the sensorium is clear, it is a most valuable symptom in localization. Dizziness and cerebral vomiting, while usually very obstinate, may be absent entirely or only very moderate.

In general it may be said of the local symptoms produced by cerebellar abscess: (I) In the majority of cases these are absent. (II) Our present knowledge of this affection offers no real local symptoms.

Those symptoms which are of more than ordinary importance are (1) Pain in the back of head and stiffness of neck. (2) Cerebellar ataxia if very pronounced; and in the absence of labyrinthine disease. (3). Dizziness and vomiting. To these we add those conditions dependent on mechanical compression of the pons and the cranial nerves taking their origin in the neighborhood of the abscess. Ocular paralysis of the affected side and dyspesia are the most valuable of the latter class of symptoms.

The general symptoms may be intensified by hydrocephalus, which is a common complication of cerebellar abscess.

The following is a history of a case in point: Patient was a girl of three and one-half years. In September, 1897, while swinging with a slack clothes line she received a severe fall, striking the ground forcibly on the back of head. Up to that time she had been healthy, and nothing could be elicited from the family history of any importance. After the fall patient was at first unconscious, soon recovered, however, cried a long while, and finally went to sleep. Two or three weeks later she commenced to complain of pain in the back of head and neck, which came and left suddenly. At the same time the mother noticed a peculiar drunken gait of the child. Four, perhaps five, weeks after the reception of injury, the child, standing on the steps of the porch, suddenly became unconscious and fell forward heavily, knocking out all the lower incisors. The gait now became gradually worse. The child complained oftener of pain, but the appetite was good.

Sleeplessness and vomiting were complained of, but soon disappeared.

The only constant symptom was the difficulty in gait, which now amounted to ataxia. The knee reflexes were normal. There was some strabismus, but as other children in the family were affected likewise no attention was given this. Dr. Bulson, who was called in, found a distinct choked disc on right side and papilitis on left, and concurred in the diagnosis of cerebellar abscess. No tender or painful points could be detected by pressure over the cranium or over spinal cord. The pulse was usually 110 to 120, the temperature from 97 to 100 degrees. No polydipsia or dysphagia was developed. The abdomen was not particularly large.

About six weeks before death it was noticed that there was some pupillary difference and that the child was blind and had lost the power of speech. At the same time the tachi cerebral could be produced and the original diagnosis of cerebellar abscess was changed to that of tubercular meningitis. Hydrocephalus now was marked—the pressure forcing the cranial sutures.

On May 19th, 1898, the child died after an illness of nine months. Post mortem was made six hours after death. The cranial cavity was opened with scissors, cutting through the forced sutures. After removal of the bone a large, oscillating, distended brain presented. The dura was not adherent, the sinus filled with dark clotted blood. No tubercles were seen. The brain looked pale and anemic. In disengaging the brain from its envelopes it burst and drained perhaps two pints of crystal clear fluid (the rent had occurred through right lateral ventricle). The brain was put on a platter and now the softened condition of the cerebellum was noticed. On incising the hemispheres an abscess as large as a hickory nut was found in each, surrounded by the softened brain tissue and impinging on the vermin from each side. The pus examined bacteriologically contained no tubercle bacilli. The membranes covering the cerebellum presented no evidence of inflammation, and no fracture of the cranial bones could be found. There was no otitis media or ozena present in this case.

In conclusion I affirm (I) Surgical interference in a case of cerebellar abscess is justifiable. (II) The abscess should be opened and drained as soon as its presence is suspicioned without waiting for local symptoms. (III) Relief by aspiration of ventricular hydrops is a palliative measure of value.

SOCIETY PROCEEDINGS.

THE AMERICAN MEDICAL ASSOCIATION.

The forty-ninth annual meeting of the American Medical Association was held in Denver, June 7 to 10. The attendance, while not as large as at some previous meetings, the Philadelphia meeting as an instance, was notably representative, and for excellence of scientific work accomplished has not been excelled.

For several days prior to the opening session the delegates and members began to put in an appearance, and at the opening of the first general session the registration had reached one thousand, this number being increased to fourteen hundred before the close of the meeting.

The general sessions were held in the Broadway Theatre, beginning at 10 a. m., and closing at 1 p. m. of each day. The general headquarters were at the Brown Palace Hotel. The various sections met at hotels and churches within convenient distances.

The first general session was called to order by the first vice president, Dr. Jos. M. Mathews, of Louisville, President Sternberg being unavoidably absent owing to official duties at Washington in connection with his position as surgeon general of the United States army. A telegram from President Sternberg expressed best wishes for the sessions of the Denver meeting, and regrets that official business prevented his being present. On motion a telegram was sent Dr. Sternberg by the Association, expressing regret that he was unable to be present with them, but complimenting him upon his devotion to duty and wishing him success in the performance of his arduous duties in connection with the existing war.

Dr. Graham, of Denver, chairman of the committee on arrangements, welcomed the Association on behalf of the committee, and closed with a few remarks regarding the establishment of a national department of public health which should be recognized in the cabinet of the President of the United States.

In behalf of the profession of the State, Governor Alva Adams was presented and delivered an address of welcome, which was elo-

quent and witty, and received the applause of the visiting members. The Governor took particular occasion to call attention to the wonderful climate of Colorado, and to state that he was exceedingly glad, in company with the physicians and citizens of Colorado, to know that the representatives of the greatest medical association in America had come to Colorado, where they might not only appreciate the health-giving qualities of Colorado's air, but be the recipients of the unbounded hospitality of the Denver people. In conclusion he said "that as men whose work, study and experience have been coined into victories for the race, who, under the banner of an almost inspired science, have fought and won some of the greatest battles ever waged in the cause of humanity, we extend to you our gratitude and our friendship. Our homes, our cities, our State, are yours. Enjoy them as your own as long as you like."

Hon. W. S. McMurray, mayor of the city of Denver, then welcomed the Association in behalf of the city. This welcome, like that of Gov. Adams, was generous and gave to the visitors the freedom of the city. In the course of his remarks he alluded to the healthful climate, and in impressing the matter upon his hearers related the story of the man who came to Colorado with only one lung, and that badly diseased, but who inside of a year wrote to some eastern friends that he now had three lungs. In conclusion he asked that the visitors remain with them long enough that they might become fully acquainted with Denver and its resources, and go away feeling that there is only one place upon the American continent where you can live and be satisfied[†], and that is under the shadow of the Rockies in the great Centennial State, Colorado.

Surgeon Sternberg's address was then delivered by Col. A. A. Woodhull, of Denver. This address was largely devoted to the role which the newspapers, charlatans and quacks play in educating the people upon medical subjects. Dr. Sternberg thought that many of the fallacies that we have to contend with today are due to the fact that the medical men as a class do not take the trouble to keep the people considerably informed as to the developments and progress of scientific research as it applies to medicine and surgery. Too often newspaper accounts of extraordinary and impossible operations or experiments are allowed to go before the public uncorrected, with the result of conveying to the people totally inaccurate and damaging ideas. Brief mention was made of the more important scientific discoveries of the past year, and in con-

clusion Dr. Sternberg said that in no branch of science has there been more development than in that which pertains to medicine and surgery.

Following Dr. Sternberg's address came the report of the Chairman of the Rush Monument Fund, in which it was stated that up to the present date a trifle under \$5,000.00 was in the hands of the committee.

Following this report Dr. Eskridge, of Denver, took the floor and stated that it gave him pleasure to hand over to the Rush Monument Fund a check for \$2,000.00 as Colorado's donation.

Dr. E. D. Ferguson, of Troy, N. Y., stated that he also wished to hand to the chairman of the Rush Monument Fund a check for \$2,000.00 as New York's donation.

Dr. Hare, of Philadelphia, stated that there were in the hands of the business committee of the Philadelphia meeting of the American Medical Association a balance, after defraying all the expenses, of \$200.00, which the committee would contribute towards the Rush Monument Fund.

Dr. S. G. Gordon, of Portland, Me., presented a check of \$100 as Maine's contribution to the Rush Monument Fund.

Dr. Wm. H. Humiston, of Cleveland, Ohio, presented a check of \$336.00 as Ohio's donation.

Dr. Miles F. Porter, of Fort Wayne, Indiana, stated that in behalf of Indiana he was not ready to make a final report, but wished to say that at the present time he had over \$500.00 as a portion of the amount to be subscribed to the Rush Monument Fund by the Indiana physicians, which would be turned over to the chairman of the committee if so desired.

Dr. Geo. L. Cole, of Los Angeles, presented a check of \$110.00 as California's donation to the fund.

The report of the treasurer, Dr. Henry P. Newman, of Chicago, showed that the receipts of the Association were \$64,522.78 and disbursements \$50,429.93, leaving a cash balance on hand of \$14,092.85.

The second general session was called to order at 11 o'clock on Wednesday by the second vice president, Dr. J. A. Thompson, of Indianapolis. On motion it was resolved that the sections be directed to hold no meetings during the hour set for the transaction of

executive business in the general session, and that the general sessions take place at 11 o'clock instead of 10 after the first day.

The Association also adopted the resolutions of Dr. Dudley S. Reynolds, of Louisville, demanding of all medical colleges of the United States the adoption and observance of a standard of requirements of all candidates for the degree of doctor of medicine, and giving notice that hereafter no professor or other teacher in, nor any graduate of any medical college of the United States, which shall after January 1st, 1899, confer the degree of doctor of medicine or receive such degree on any conditions below the published standard of the Association of American Medical Colleges be allowed to register as either delegate or permanent member of this Association.

Following the adoption of this resolution a communication from Richard F. Stone, of Indianapolis, regarding the adoption of a permanent association badge was presented. On motion it was decided to adopt a distinctive, attractive and permanent badge to designate members of the American Medical Association, and Dr. Stone, having presented an emblem suitable for the purpose, it was decided to adopt this badge, the patent right of which was to become the exclusive property of the Association, as well as the tools for manufacturing the aforesaid badge and all agreements for its manufacture.

A resolution entering a vigorous protest against the anti-vivisection bill, and also urging upon Congress the thorough inspection by medical officers of the United States of all immigrants and their baggage before they embark for this country, in order that the importation of contagious and infectious filth diseases may be more effectually prevented, was then read by Dr. Humiston, of Cleveland, and unanimously adopted by the Association.

The resolution of Dr. Hare, inviting the New York Medical Society, the New York County Medical Society, the New York Academy of Medicine and other societies of good and regular standing to send delegates to the American Medical Association, there to be received and credited upon proper credentials from the officers of such societies, all resolutions and ordinances of the Association to the contrary being rescinded, was referred to the business committee and later smothered without action after a heated debate upon the subject in general session.

A resolution asking for the appointment of a committee with

power to examine text books for the public schools, which treat of physiology, hygiene, chemistry and other subjects allied to medicine, for errors in teaching, and to communicate with the authors and publishers of such books with a view to correction or elimination, failed to receive the sanction of the business committee, and was, therefore, not passed.

A resolution providing for the appointment of a general secretary by the business committee at a salary not exceeding \$3,000 a year, who, under the direction of the business committee, shall forward the interests of the Association in every way possible, was referred to the executive committee for action next year. According to the terms of the resolution the present permanent secretary is to be retained with the title of honorary secretary, with the present salary.

A resolution was passed encouraging the organization, perfection and support of public medical libraries, and providing for the gratuitous sending of the *Journal of the American Medical Association* to such libraries.

The third general session was called to order at 11 a. m., with the fourth vice president, Dr. Happel, in the chair.

The report of the board of trustees was presented, and dealt largely with the business interests of the Association, particularly the affairs of the official organ, or *Journal of the American Medical Association*. It was shown that the circulation of the Journal had increased from January 1st, 1897, to January 1st, 1898, 2,400 copies. The growth during the present year has been equally as good, and the Board complimented the managers upon producing not only a journal that does credit to the Association, but one which gives the members more for their money, in amount of reading matter, than any other journal published in the United States. It was also announced that the Journal in point of literary and scientific qualities would compare, without unfavorable result, to any regular weekly medical periodical published in any part of the world.

The general financial statement showed a balance of over \$14,000, and this balance was considered so satisfactory that the Board directed that an additional \$10,000 to be placed to the credit of the investment fund created by the Association in 1896 for the purpose of providing a permanent building for the home of *The*

Journal. This fund now amounts to \$13,000, and if the Association continues to be economical will soon reach the amount required to erect a safe and convenient building for the purpose of *The Journal* for many years to come.

Resolutions continuing the committee on department of public health and approving the bill now before Congress relative to the establishment of a Department of Public Health, and urging the committee to use their best endeavors to have such bill passed by the Congress of the United States, was passed.

The committee on nominations reported as follows:

President—Dr. Joseph M. Mathews, Louisville, Ky.

First Vice-President—Dr. W. W. Keen, Philadelphia, Pa.

Second Vice-President—Dr. J. W. Graham, Denver, Colo.

Third Vice-President—Dr. H. A. West, Galveston, Texas.

Fourth Vice-President—Dr. J. E. Minney, Topeka, Kan.

Treasurer—Dr. Henry P. Newman, Chicago, Ill.

Librarian—Dr. George W. Webster, Chicago, Ill.

TRUSTEES.

Dr. Alonzo Garcelon, Lewiston, Maine.

Dr. T. J. Happel, Trenton, Tenn.

Dr. I. N. Love, St. Louis, Mo.

To fill vacancy, Dr. H. L. E. Johnson, Washington, D. C.

MEMBERS OF THE JUDICIAL COUNCIL.

Dr. S. Bailey, Mt. Ayr, Iowa.

Dr. D. R. Brower, Chicago, Ill.

Dr. N. S. Davis, Chicago, Ill.

Dr. H. D. Didama, Syracuse, N. Y.

Dr. D. Mason, Spokane Falls, Wash.

Dr. F. T. Rogers, Providence, R. I.

Dr. Milo B. Ward, Kansas City, Mo.

To fill vacancy, Dr. W. S. Jones, New Jersey.

ANNUAL ORATIONS.

Medicine—Dr. J. C. Wilson, Philadelphia, Pa.

Surgery—Dr. Floyd W. McRae, Atlanta, Ga.

State Medicine—Dr. Daniel R. Brower, Chicago, Ill.

Next place of meeting, Columbus, Ohio. Time, first Tuesday in June, 1899.

Chairman of Committee of Arrangements, Dr. Starling Loving, Columbus, Ohio. Assistant Secretary, Dr. E. J. Woodruff, Columbus, Ohio.

The following communication was received from the Board of Trustees:

The Board of Trustees hereby recommend that hereafter the local committee shall provide free of expense to the Association, first, hall for the general sessions; second, halls for sections; third, rooms for committees; fourth, room for post-office and force thereof; fifth, room for registration and force thereof, and the committee shall have the proceeds of the exhibition hall, and that hereafter this arrangement shall be agreed to by the representative of the local committee before agreeing to a place of meeting for the Association meeting.

This communication was adopted unanimously by the committee before selecting a place of meeting.

Dr. Orno's plan for a medical relief association, as set forth in resolutions to that effect presented before the general session, was reported upon unfavorably by the business committee. They thought the plan impracticable at the present time and could not see their way clear to recommend the adoption of it. On motion the resolutions were laid on the table.'

The address on surgery was delivered by Dr. J. D. Murphy, of Chicago, whose subject was "Surgery of the Lung." (An abstract of this paper will appear in the JOURNAL-MAGAZINE.)

The section devoted to Practice of Medicine met at the Trinity M. E. Church, and the program for the entire meeting included forty-five papers, over half of which were read and thoroughly discussed.

SECTION WORK.

The section devoted to Surgery and Anatomy met at the Central Presbyterian Church, and were kept busy with a program of seventy-one papers for the entire meeting, many of which, through lack of time, had to be read by title and referred for publication.

The section devoted to Obstetrics and Diseases of Women met at the First Congregational Church. Their program for the entire meeting contained fifty-seven papers. Many were referred by title.

The section devoted to Neurology and Medical Jurisprudence met at the First Baptist Church, and their program contained eighty-nine papers, not half of which were presented through lack of time.

The section devoted to Ophthalmology met at the Brown Palace Hotel, their program for the entire meeting containing fifty-six papers.

The section devoted to Laryngology and Otology met at the First Baptist Church. Their program contained thirty-eight papers, most of which were presented and well discussed.

The section devoted to Diseases of Children met at the Trinity M. E. Church. The program contained sixty-two papers, over half of which were presented.

The section devoted to Materia Medica, Pharmacy and Therapeutics met at the Central Christian Church, and managed to get through with about half of a program of eighty-one papers.

The section on Physiology and Dietetics met at the First Congregational Church. The program contained forty-three papers.

The section devoted to Cutaneous Medicine and Surgery met at the Central Christian Church, and the program of twenty-four papers was completed.

The section devoted to State Medicine met at the Y. M. C. A. Rooms. The program for the meeting contained thirty-three papers.

The section devoted to Stomatology met in Odd Fellows Hall, and were able to complete a program of sixteen papers.

RECEPTIONS AND ENTERTAINMENTS.

The medical fraternity and citizens in general of Denver made ample provision for the entertainment of the visitors, and each day found numerous receptions and other entertainments listed for the benefit of the visitors.

On Tuesday the section dinners were given at 7:30 p. m., this constituting the principal social entertainment for the day.

On Wednesday evening, June 8th, the Committee of Arrangements gave a mammoth reception at the Brown Palace Hotel in honor of the American Medical Association. This reception was very largely attended by the representative people of Denver, as well as those in attendance upon the Association meeting, and proved one of the most enjoyable events of the entire meeting. Notwithstanding the large attendance the people were handled very

successfully and without the slightest friction. Music, refreshments, flowers and beautiful women were very much in evidence.

Thursday, June 9th, from a social point of view, was given up to the Denver people, who tendered their hospitality. Among the evening receptions were those of Mr. and Mrs. N. P. Hill, Mr. and Mrs. Chas. Kountze, Mr. and Mrs. John F. Champion, at their residences, and the Denver and Arapahoe Medical Society at the residence of the president, Dr. E. P. Hershey. These receptions were very enjoyable affairs, well attended and were a continuation of the warm hospitality already extended and which is so typical of western people.

Friday, June 10th, was largely devoted to the complimentary excursion to Idaho Springs and "around the loop," given the American Medical Association by the Colorado State Medical Society. This was a most enjoyable trip, from the fact that it took the party through some of the most magnificent of Colorado scenery. At Idaho Springs the excursionists were the guests of the citizens, and the members were treated to a splendid banquet, which, after the carriage rides to visit the principle points of interest in the exhilarating Colorado atmosphere was particularly inviting and acceptable. Carriages were furnished by the citizens to escort the visitors to the mines, mineral springs and public buildings. This proved to be one of the most enjoyable features of the entire meeting.

Saturday, June 11th, was given up to the complimentary trip to Colorado Springs, under the auspices of the Committee of Arrangements. Here, also, as at Idaho Springs, the visitors were entertained by the citizens, all of the principal points of interest being visited and luncheon being served later by the ladies.

Aside from the entertainment afforded the members of the American Medical Association, the ladies of Denver prepared a long list of entertainments for the physicians' wives and other visiting ladies at the convention. These entertainments consisted in lawn fetes, afternoon teas, excursions, drives, etc., and, as stated by one of the visiting ladies, one continual round of entertainment and pleasure was offered from early morning until late at night of each day.

Fort Wayne Medical Journal-Magazine

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This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of June:

	Cases.	Deaths
Diphtheria (including Membranous Croup).....	2	1
Scarlet Fever ..	3	0
Measles ..	0	0
Typhoid Fever	2	0
Tuberculosis	not rep	7
Cerebro-Spinal Meningitis.....	4	4
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
Total deaths from all causes.....		42

YELLOW FEVER A VANQUISHABLE FOE.

According to recent press dispatches the authorities have succeeded in completely arresting the further spread of yellow fever on the Gulf Coast. Only one case remains and no new ones have been reported. This is a signal triumph of scientific medicine, and furnishes a fresh proof of the fact that the most contagious of diseases can be summarily suppressed, even under unfavorable circumstances by rigidly scientific methods.

If the food and water supply can be successfully controlled, and made free from pathogenic germs, the horrors of tropical climates will be largely mitigated. The small number of invalids now in the army encamped around Santiago is witness of the truth of this statement. The progressive men in the medical profession are already fully aware of this, and it would seem as though the lay public ought to have it forced upon them by this time.

The press further informs us that the rules in regard to boiled drinking water have been thrown to the wind in front of Santiago. If this is true it is dangerous; and the danger is no less even though the exigencies of military movements render it impossible to boil every drink of water. The government has been sending cargoes of distilled water to the army, but whether the supply is adequate or not we do not know.

G. W. M.

PUBLIC BATH HOUSE VS. CONTAGIOUS DISEASE HOSPITAL.

For several years the physicians of Fort Wayne have been using every argument and bringing every possible influence to bear in an endeavor to secure for the city a much needed contagious disease hospital, but up to date it has been impossible to make the proper impression upon the not over-brilliant minds of the men who constitute our city council and occupy our executive offices. While we have on more than one occasion, when necessity compelled the furnishing of an asylum for a case of contagious disease, pointed out the dire need of a hospital where contagious diseases might not only be confined for the purpose of limiting the spread of the contagion, but to aid in the proper treatment of the disease, we have met with about as much satisfaction as we would were we to talk to a pig about the Spanish-American war.

With an epidemic of small pox in several of our neighboring Ohio towns, and the liability of introduction of the disease in our own city it seemed probable that our short-sighted city officials would come to a realization of our position and make the necessary arrangements for the establishment of a contagious disease hospital as urged by the City Board of Health and City Bacteriologist, as well as the physicians of the city, both individually and collectively. However, with the passing of the scare (though it is not yet time to say that we have escaped) our supposedly worthy officials ignore the pleas of the medical fraternity and we awake from our pleasant dream only to find that the desired object is no nearer than before.

With what an affected sense of duty, though, does the City Council take up the question of a public bath house, which has recently been presented for consideration. By all means let us spend several thousand dollars for a public bath house where, according to the ideas of the originator of the scheme, half of the population of the city will bathe (in their minds), but let us not spend a penny for a building in which can be confined either as a pay or a charity patient, anyone suffering from any contagious disease even though an epidemic sweep over our fair city and destroy half the population.

One of the arguments used against the advocates of the contagious disease hospital is that the city cannot afford such "a luxury," but it does not seem necessary to use this argument when it comes to discussing the question of a public bath house or the matter of appropriating money to pay the expenses of a junketing trip by the city officials. "Consistency thou art a jewel," but in a poor setting.

We have no desire to criticise the city officials for anything they may do in the line of public improvement, but, on the contrary, believe in upholding them in all that they do along such line, but we would like to see a little display of sense in the matter. If the city of Fort Wayne can afford the luxury of a public bath house it certainly can afford a contagious disease hospital, and if we are to have the former let us have the latter and no quibbling about the expense. We see the need of the hospital every year during the period when diphtheria is prevalent, and on more than one occasion when a contagious disease has broken out in a hotel or boarding house have found it utterly impossible to find a place for the patient, the public character of the place where the disease orig-

inated precluding the possibility of quarantine without great inconvenience and most serious financial loss.

We sincerely hope that the city officials will not entertain a move to establish a bath house, which we can easily do without for a few years longer, until the more important subject of a contagious disease hospital has been settled. Let us have public improvements and many of them, but while displaying such commendable enterprise in other lines not forget the more necessary requirements of the Board of Health, who have the most vital interests of the city in charge.

A. E. B.

THE DENVER OUTING.

The Indiana attendants of the American Medical Association report that the Denver trip was one of the most enjoyable that it has ever been their pleasure to make. The weather, for the most part, during the time they were gone was pleasant, and all speak in the highest praise of the attention given them by the officials of the various railroads conveying them to and from Denver. Our representative traveled over the Wabash and Missouri Pacific systems, and reports that everything was done by these companies to render the trip comfortable and enjoyable from every standpoint. Provision was made for stop-overs at St. Louis, where the medical profession entertained the excursionists royally, and at Omaha, where an opportunity was given for attending the Trans-Mississippi Exposition, which in itself is well worthy a special visit. The roads beyond Denver, which tap some of the most picturesque country of Colorado, were uniformly courteous to the members, and vied with each other in attempts to make the side trips among the most pleasant of the many entertaining features offered the attendants at the Association meeting. The people of Colorado, and the physicians and citizens of Denver particularly, were extravagant in their hospitality, in accordance with the usual custom of the enterprising Western people. With so much in favor of a pleasant time, no wonder the members report a most delightful outing and a profitable trip.

NEWS NOTES AND COMMENTS

Dr. A. J. Boswell, a member of the Fort Wayne Board of School Trustees, has been elected treasurer of the Board, a position of considerable honor and trust. The doctor will probably prove an efficient officer and do credit to the Board.

Dr. S. H. Havice, of Fort Wayne, who for the past few weeks has been taking special courses at the Philadelphia Polyclinic, writes some of his friends that he intends leaving for Europe this month to continue his studies. He will return late in the Fall.

Dr. E. L. Siver is spending the month of July in Colorado looking after business interests, as well as pleasure. The doctor will visit all of the interesting scenic points of Colorado before returning, and will probably take a hand with rod and reel, his favorite recreation.

We learn from press reports that Dr. W. F. Carver, of Albion, has been appointed an assistant surgeon in the volunteer service of the United States Army. Dr. Carver is eminently fitted for the position, and we are very glad to note his appointment to the position desired.

Work upon the new building for the Fort Wayne College of Medicine is progressing nicely, and it is expected that the building will be completed in time for the Fall opening. The building will be complete in every detail, and a credit not only to the city but to the college trustees and faculty.

Dr. G. W. McCaskey, of Fort Wayne, has returned from Chicago, where he went during his vacation for the purpose of rest and to look after professional interests. His family are spending the

summer at Rome City, and the doctor will manage to take considerable outing there before the season closes.

It is interesting to know that America is not backward in the matter of the establishment of crematories. According to the *British Medical Journal* Italy comes first with 24, America next with 22, Germany third with 4, England is fifth with 3, France and Sweden have two each, and Denmark and Switzerland have one each.

Dr. H. G. Nierman, who left during the winter for the Klondike, has been heard from and reports that he has flattering prospects. The *Journal-Magazine* wishes him success and hopes that it can credit one doctor with having obtained a fortune within the space of a few months without having to dig for it in a professional way.

Dr. A. E. Van Buskirk, with his family, is spending the summer at his farm in Ohio. The doctor has for several years spent the summer months upon his farm, and says that he is satisfied with winter practice only in the city. It is unfortunate that more of us cannot confine our practice to the cool months of the year when one gets more pleasure out of work.

Dr. C. B. Stemen, Republican nominee for Congress from the Twelfth District, is making preparations for an active Fall campaign. He will visit every city, village and hamlet throughout the district, and expects by such a thorough canvass to not only become acquainted with the majority of voters throughout the district, but add largely to his majority at the polls.

A large number of alligators are being shipped into the north by the soldier boys at Tampa, Fla. Owing to a lack of funds in camp the express charges are allowed to follow, and these usually amount to from \$2 to \$10, according to the number of reptiles contained in the box.

MORAL.—Discourage the shipment of live stock from Florida unless they be prepaid.

Dr. C. H. English, who was recently appointed to the position of brigade surgeon of the United States Army, left the fore part of the month for Chickamauga, where he will enter into active service. Dr. English, according to press reports, will have about fifteen surgeons under him, and controls several appointments. He has already been flooded with letters from Indiana physicians asking for positions on his staff or in the hospitals.

An Irish newspaper contains a communication from Lord Morris Fitzgerald, of Johnstown Castle, Wexford County, warning the people and peasantry to avoid the "cancer curers" so numerous in Wexford. If persons of influence throughout the kingdom would follow Lord Fitzgerald's example and thus warn their less instructed neighbors of the perils of quackery they would be conferring a great boon on the community.—(*Jour. Am. Med. Asso.*)

The Drs. Barnett, voluntary surgeons, United States Army, write their friends at Fort Wayne that they find enough work to keep them busy at Tampa. The exceedingly hot weather and moist atmosphere of Florida has tended to produce considerable sickness, though not many cases of a severe type. However, there seems to be enough to keep the surgeons about as busy as they would be if the troops were on the march or battle field.

The annual meeting of the Northern Tri-State Medical Association is in session at Elkhart, Indiana, as we go to press. The program contains twenty-one papers, and the evening session will conclude with a banquet tendered by the medical profession of Elkhart. The officers of the society are: President, Dr. Hal C. Wyman, Detroit; Vice-President, Dr. C. N. Smith, Toledo; Secretary, Dr. H. D. Wood, Angola; Treasurer, Dr. F. C. Mason, Hillsdale.

Dr. E. J. McOscar, of Fort Wayne, attended the annual meeting of the National Railway Association, which was held in Toronto during the early part of the month. He reports an excellent meeting and large attendance. Surgeons from the United States were very much in evidence and were warmly entertained by the Cana-

dian brethren. Dr. McOscar reports that Canadian sympathy is entirely with the people of the United States in the present Spanish-American War.

Dr. K. K. Wheelock, of Fort Wayne, who has recently been elected Councilman from the Eighth Ward, has been "stirring up the animals" a little by advocating municipal ownership of the electric lighting plant. Starting in with but a few in sympathy with the movement, he has managed to secure the co-operation of about a third of the members of the council, and it is to be hoped that by the time the question of letting a contract for lighting the city goes before the Council a sufficient number of that body will have been influenced so that by vote the city will join the many cities throughout the Union who own their own lighting plants and find economy in this manner of serving the people.

We take pleasure in referring our readers to the advertisement of the Empire Mfg. Co., of Lockport, N. Y., upon another page of our journal.

Their celebrated Elastic Bandages, Supporters and Trusses are coming into general use among physicians and surgeons, not only in every state in the Union, but over the entire world. These goods, on account of their porosity and absorbency are particularly adapted for hot weather; then, too, they are cool and comfortable, giving support without producing warmth.

The bandages are specially adopted for varicose veins, as the exact degree of pressure can be applied. The Supporters and Trusses, on account of their extreme elasticity and porosity, are not only the most comfortable, but the most efficient goods in the market.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

THE DIAGNOSIS OF TYPHOID FEVER.—Dr. Leonard Weber (*Post-Graduate*, April; *Medical and Surgical Bulletin*, May) thus summarizes the diagnosis of typhoid fever from the three diseases with which it is most apt to be confounded:

1. Tubercular meningitis: The temperature is not usually so high as in typhoid, the pulse at first not so frequent, and more tense; headache and vomiting occur early, the bowels are confined, the abdomen retracted. Squint, inequality of pupils, optic neuritis would be unmistakable signs.

2. Acute military pulmonary tuberculosis: More cough and soon abundant rales, impaired resonance and other signs of pulmonary infiltration; the temperature more sustained.

3. Gastro-intestinal catarrh of children: It may be difficult at first to distinguish it from typhoid, but there will be intermissions soon of fever, and changes of symptoms that are inconsistent with the diagnosis of typhoid.

THE TREATMENT OF OBESITY.—Opinions concerning the dietetic treatment of obesity have undergone very great changes in the last few years, many from that of almost starvation to fairly liberal feeding. Kisch of Marienbad (*Wien. Med. Press*) deprecates too rigidly uniform measures in the treatment of obesity, which should be carefully adapted to each individual case. He discusses the prin-

cipal indications under seven heads: (1). All dietetic excess should be avoided; three, or at the outside four, meals a day should be permitted and no food allowed in the intervals. The quantity and variety taken should be based upon heat-giving properties of the food-substances; Kisch gives the value of some of the principal diets in calories, and recommends that no more than the amount necessary to provide the minimum number of calories should be allowed. (2). As regards quality, the first essential is an adequate supply of proteids; a moderate amount of carbohydrate may be allowed, but the fat must be reduced to a minimum. Piquant seasonings are to be avoided as they may stimulate to a dietetic excess. (3). The consumption of fluid is not to be limited unless symptoms of cardiac failure are present; such liquids as are fancied, with the exception of alcohol, may be taken at any time, but moderation is to be observed at meals. Cold water, especially if charged with carbonic acid, is to be preferred; anemic subjects should drink less than plethoric. The amount allowed must be restricted when signs of fatty affection of the heart are present. (4). The author is a strong advocate of exercise and active movements in the treatment of plethoric obesity, the state of the heart being always taken into consideration; they are of particular value in increasing the activity of oxidation processes. In anemic subjects, however, these advantages are counterbalanced by the increased nitrogenous waste which may injuriously affect the heart. In these patients passive movements and massage are accordingly to be recommended. (5). Great importance is attributed to diminution in the hours of sleep, during which the activity of metabolism is reduced; sleep should be entirely forbidden during the day. (6). Tissue change is also to be increased by baths, particularly in springs rich in carbonic dioxid, which are most stimulating to the skin. Turkish baths are also of value if the heart is sound. (7). Finally, it is of importance to secure a pure air, rich in ozone, especially in a high and wooded neighborhood. The lungs are thus stimulated to greater activity, and the effect is aided by the change in the patient's habits and occupations.

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED. J. HODGES, B. S., M. D.,

SUBSTITUTION OF TREPHINING FOR LUMBAR PUNCTURE.—Moty (*Med. News.*) advises trephining in right parietal region, opening of the dura and introduction of a horse hair loop, followed by closure of the scalp wound, instead of lumbar puncture in cases of acute meningitis. He used the method in one case. The pain was at once relieved and all symptoms gradually improved.—*Sem. Med.*

RESTORATION OF URETHRA IN HYPOSPADEA.—Nove-Jossesand reports the success of a new operation. He supplied a new urethra by taking an Oliver autoplasic flap from the thigh and rolling it around a piece of a 21 bougie only a trifle longer than the penis, skin side in, tied to the bougie at each end, the edges caught together with a couple of stitches, the whole somewhat resembling an umbrella in its cover. A tunnel was first made through the tissues of the penis, commencing at its juncture with the scrotum, and the skin flap was then introduced into this tunnel, the end emerging at the point of a normal urethral orifice. The skin flap soon grew in; the bougie support was removed the tenth day; results perfect; permanent to date, six months.—*Med. News.*

APPENDICITIS.—In the course of a most excellent paper on this subject, Byron Robinson, of Chicago (*Am. Jour. of Surg. and Gynecol.*) says:

“Suppose we take a case of appendicitis advanced to the fifth or sixth day, in which there is a palpable, circumscribed tumor containing pus in the right iliac fossa. I make an incision—not over the tumor, but preferably to the right, always cutting to the peritoneum through a healthy, non-adherent point. This avoids wounding bowel wall and allows an approach to the abscess from an extra-peritoneal side. In nearly all such cases where the abscesses can be approached from the extra-peritoneal side, I have not removed the

appendix, as I thought the patient had better chances for his life by allowing the appendix to remain unmolested. In this manner the great peritoneal cavity is not opened and danger is very small. I have never had to reoperate when I left the appendix in position and drained the abscess in this way."

This is in accord with a paper by the writer which appeared in the *Med. News* Sept. 14th, 1895. In this paper, speaking of cases wherein circumscribed collections of pus exist which can be opened and drained without opening the general peritoneal cavity, the following occurs:

"That appendisectomy is attended with infinitely greater primary danger than simple drainage in these cases cannot, of course, be denied. One need only to read the reported cases to be convinced that, already, lives that might have been saved by simple incision and drainage have been sacrificed through adherence to the dogma that the appendix should always be removed. To offset this greater danger there should be unquestionable proof that the removal of the appendix offers security against recurrence or other dangers that, though perhaps not immediate, are still none the less real. The cases thus far reported fail to furnish this proof.

Cases of recurrence of abscess are not unknown by any means after the so-called 'ideal' operation. In a case reported by Richardson,* operated upon by Dr. Beach, who removed the appendix, the patient subsequently developed an abscess, which was opened and drained, and a week later was seized with sudden and violent abdominal pains, and died.

Dr. Fowler,** of New York, also reports a case in which an abscess developed three months after an appendisectomy.

Dr. Richardson * reports recurrence of all symptoms of appendicitis a year after a removal effected by him, but in which the symptoms subsided without further operative interference. A. C. Bernays, in a letter to me, reports a case in which after removal of the appendix there were two relapses, death following the operation in the second relapse. Other cases of similar kind might be cited, but the foregoing are sufficient to show that appendisectomy does

* Boston Medical and Surgical Journal, August 4, 1892.

**Annals of Surgery, May, 1895.

1 Loc. cit.

not render patients upon whom it is performed absolutely immune from further trouble in the right iliac region.

Theoretically there would be, it seems at first sight, great advantage in removing the appendix, inasmuch as the ligature shuts off communication between the abscess-cavity and the bowel; while in removing the appendix we remove the origin of the trouble. Practically, however, in a great many cases this communication between the bowel and the abscess has already been closed by inflammatory processes; while the appendix itself is only one among many equally potent sources of infection. The abscess-walls are infiltrated with germs and the coats of the bowel are softened, and through them infection is constantly being added. Removal of the appendix does not remove these sources of infection, while the tearing of the adhesions and the manipulations necessary to removal of the appendix liberate these germs from the abscess-walls, inhibit the power of resistance of the tissues, and increase the transmigration of the germs from the bowel."

* * * * *

"By removing the appendix we unquestionably remove one source of infection, and, therefore, it should be removed if it can be done without additional risk. However, in the majority of cases of the class now under discussion the advantages over incision and drainage that removal of the appendix offers are more than counterbalanced by the risks that it adds."

In the three years which have elapsed since the above was written, the author's experience has been such as to confirm his belief in the views then expressed.

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

HOT WATER IN THE TREATMENT OF INTESTINAL DISORDERS.—J. de Witt Graham (*Annals of Gynaec. and Ped.*, May) interdicts the use of all nourishment in intestinal disorders and diarrhoea so long as hot water given in the nursing bottle will satisfy and quiet the patient. He never allows anything cold to pass the lips of a child

suffering from such diseases. Hot water given to an infant every hour at a critical period, when the temperature is as high as 105, will sometimes cause the temperature to fall two to four degrees in a few hours and induce refreshing sleep. Hot water enemata aid this action.—*Am. Jour. Obst.*

FARINACEA IN THE DIET OF LATER INFANCY.—D. J. Milton Miller, (*Arch. of Ped., Apl.*) believes that the best diet during the second year consists, in the majority of cases, largely of nitrogenous food with a minimum of carbohydrates, the staple being milk, or milk mixed with farinaceous gruels and jellies, with beef juice and broths, and after the eighteenth month, as advised by Holt, of rare or raw scraped beef or mutton, and occasionally eggs. The fruit juices may form part of the dietary from the fifteenth month on, and even earlier if sterilized milk is used. Many children can digest the farinacea with benefit during the whole of the second year, but the child's nutrition would seem to be best subserved by permitting them in minimum amounts only.—*Am. Jour. Obst.*

A CLINICAL CONTRIBUTION TO TUBAL PREGNACY.—H. J. Boldt, in the *Am. Jour. of Obsts.*, June, 1898, tells of a woman to whom he made an intrauterine application of the galvanic current (the other electrode being on the abdomen) for metrorrhagia of two weeks duration, upon the supposition that she was suffering a return of an endometritis for which he had previously treated her. She had no pain and the uterus was small and movable. The left tube and ovary were normal, and the right were not palpitated owing to a sensitive cicatrix on the right side of the cervix. Four days later while she was waiting in his waiting room, she was suddenly seized with severe abdominal pain, soon followed by collapse.

She was removed to a hospital where saline transfusion was made and strychnia administered to resuscitate her. The abdomen was opened and about three pints of blood were removed from the peritoneal cavity. The right tube which was ruptured, was removed and the patient made a good recovery. Dr. Boldt calls attention to the unreliability of pain as a symptom of extra-uterine pregnancy. It sometimes does not occur at all before rupture. He also defines his reasons for choosing the abdominal or the vaginal route for cel-

iotomy. The vaginal route is selected only when the tube has not ruptured, or if the patient has had one tube removed at some previous operation. If rupture has occurred he advises the abdominal route, unless there is but one appendage in the pelvis, in which case he advises the removal of uterus and tube.

THE ABORTIVE TREATMENT OF PUERPERAL AFFECTIONS.—

Wallace A. Briggs, in the *Am. Gynaec. and Obst. Jour.*, 1898, insists that in the beginning puerperal infection is a local disease amenable to local treatment, and that this local treatment must be instituted on the very first intimation of infection. He prepares the patient as for a major vaginal operation, removes perineal stitches if they seem infected, places the patient in exaggerated Sim's position with the right knee well up so that the fundus will be the lowest part of the uterus, removes a small quantity of lochia from the introitus for culture and examination, cleanses the vagina thoroughly with a copious mild antiseptic douche—formalin 1:500—examines the vagina and cervix carefully by a good light for lacerations, obtains specimen of lochi from cervix, and if the uterus does not seem infected cleanses the lacerations of the cervix, vagina and perineum and packs them with gauze saturated with antiseptic glycerine (formalin, alcohol, glycerine: 1; 100; 400); if the uterus seems to be infected or proves so on culture and microscopic examination of the cervical lochia or if vaginal antiseptics does not abate the symptoms within six hours, repeat the antiseptic preparation of the patient, cleanse the vagina by copious antiseptic douche, cleanse and disinfect cervical canal thoroughly, attach the combined drain and irrigator to fountain syringe at an elevation of three feet; turn on the antiseptic solution (formalin 1:500); introduce combined drain and irrigator into the uterus and wash out cavity thoroughly; detach the fountain syringe from the irrigator and with piston syringe inject hydrogen peroxide until effervescence ceases; turn patient on back till uterus drains, then replace in exaggerated Sim's, making sure that fundus is dependent, and fill the uterus with antiseptic glycerine of above formula; leave the combined drain and irrigator *in situ* and the patient in exaggerated Sim's for at least an hour. Repeat formalin douche every twelve hours and the hydrogen peroxide and antiseptic glycerine every four hours, substituting, after

the third or fourth injection lysol for formalin and dress the lacerations every eight hours till convalescence is established or the futility of local treatment is demonstrated.

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

POISONOUS EFFECT OF CAMPHOR.—A case is reported (Sem. Med.) of poisoning by camphor. A child two years old was given by mistake a tablespoonful of camphorated oil (the strength of which, however, is not stated). In a half hour convulsions ensued, followed by coma and vomiting. The pulse was hardly perceptible, the pupils were widely dilated. A hot compress was put over the region of the heart and electricity applied. In about half an hour the child regained consciousness.

PHARMACEUTICAL SUPPLIES FROM SPAIN.—The average reader does not appreciate the enormous number of goods used and consumed by the apothecary which come to us direct from Spanish possessions. It may be interesting to know that the finer quality of corks come from this kingdom.

Mercury, olive oil, wines, malaga, Sherry saffron, licorice, Castile soap, cantharides, essential oils; all of these have advanced in price since the beginning of the Spanish-American difficulty.

REVISION OF THE PHARMACOPOEA.—The committee on revision of the United States Pharmacopoea are now busily engaged in making alterations, additions and such other changes as may be suggested by the medical and pharmaceutical professions through their delegates. As a number of radical changes are contemplated in strengths and dosages, looking toward a uniformity in preparations of a similar nature, physicians are apt to be somewhat surprised at results unless they keep in touch with the work of this committee through the medical press.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

TREATMENT OF TUBERCULAR LARYNGITIS.—Dr. Murray, in the *N. Y. Med. Jour.*, after discussing the various remedies employed in the treatment of laryngeal tuberculosis, speaks highly of the internal use of creosote in minim doses, increased by one minim daily but discontinued on the first appearance of gastric disturbance. Of local treatment, which should always be employed, curetting, followed by applications of lactic acid is the best.

CLOSURE OF PERFORATIONS IN THE TYMPANIC MEMBRANE.—*The Journal of Laryngology, Rhinology and Otology* contains abstracts from papers by two or three authors who recommend trichloracetic acid as an application to the margins of tympanic perforations for the purpose of stimulating granulation and closure of the opening.

The *Journal-Magazine* has previously quoted Okuneff who first advocated this treatment. Recent reports seem to indicate that this treatment is highly successful in a goodly percentage of cases. The remedy is used in ten to fifty per cent. solution and the applications are made every four to eight days.

A NEW METHOD FOR THE RELIEF OF CERTAIN ENLARGEMENTS OF THE TURBINATED BODIES.—While a large number of operative procedures have heretofore been advocated for the reduction of enlarged turbinateds, nearly all have possessed disadvantages. Dr. D. B. Delaven, in the *New York Med. Jour.*, offers a new method which seems superior to those formerly used because of the ease of application, freedom from irritating effects, and, best of all, the preservation of the normal condition of the mucous membrane. The procedure consists of a submucous incision in the turbinate by means of a lance pointed needle, with the object of obliterating a certain number of the blood vessels. Under cocain anesthesia

the point of the needle is introduced obliquely through the mucous membrane, and carried forwards parallel with the surface and then with a slight sweep is brought out again through the original opening, which should be as small as possible. Contraction of the turbinal tissues ensues within a few days, and the reduction has been attained *without* the loss of mucous tissue as is the case when the operation is performed with cautery, snare, escharotic, etc.

A CASE OF CHRONIC SUPPURATIVE EAR DISEASE; WITH INTRACRANIAL COMPLICATIONS.—Dr. R. H. Woods, in the *British Med. Jour.* of Jan. 22, 1898, gives the history of the case as follows: The patient, a male, aged twenty-eight, had had an intermittent discharge from his left middle ear for seven years. The discharge ceased somewhat suddenly, and he was attacked by severe occipital pain. Other symptoms from which he suffered made the diagnosis between typhoid fever and intracranial suppuration somewhat doubtful at first. When seen by the author cerebation was slow, and he was found to be quite unable to name familiar objects, although he could at once tell their function. He complained of a bad taste in the mouth, and of severe frontal and occipital headache. Double optic neuritis was also present. The temperature was extremely variable, varying as much as 8.5 degrees Fahr. in a day. It was decided to open the antrum and to explore subsequently the sigmoid sinus. This was accordingly done, and a clot scraped out by means of a sharp spoon. An abscess was also found upon the cerebellar aspect of the petrous bone, and was evacuated. For a time the symptoms improved, although the amnesia remained much as before. A second operation was accordingly undertaken and the cerebellum was explored, but without result. The temporo-sphenoidal lobe was then explored, and an abscess containing over four drachms of foetid pus was found. A gradual and uninterrupted recovery took place.

ACUTE LABYRINTHITIS FOLLOWING MUMPS.—Dr. F. W. Jollye, in the *Archives of Otology*, gives the history of a case of disease of the labyrinth resulting from mumps, which was successfully treated by the administration of pilocarpin, which was begun early in the history of the trouble. At the commencement of the attack the patient was unable to stand without falling, but at the

end of three weeks' treatment the patient could hear a watch when pressed upon the mastoid, and could stand alone. For several weeks the patient took small doses of sulphate of quinine (one-third of a grain) with nitrate of pilocarpin (one-quarter of a grain) with the result of distinct improvement in hearing. She gradually improved both in her gait and in her hearing power, and when seen a year and a half later appeared to be possessed of perfect hearing on both sides.

The author concludes with a plea for the routine adoption of jaborandi or its alkaloid pilocarpin in cases of epidemic mumps, especially in view of the possibility of infection of the labyrinth, which might thus be met by the use of the drug best calculated to combat it.

The case recited is of particular interest because the obstinate form of deafness known as labyrinthine deafness, which is known to occur occasionally as a sequela of mumps, has usually been considered an incurable complaint. As a rule the aurist sees these cases when the mischief is beyond therapeutic control, and it is, therefore, a matter of importance that the administration of pilocarpin, so beneficial in both the sequela of the disease as well as the disease itself, should be adopted as routine treatment.

CAUTION IN THE USE OF LARYNGEAL ATOMIZERS.—Dr. Dundas Grant, in the May number of the *Journal of Laryngology, Rhinology and Otology*, says that there has recently been placed upon the market an atomizer, the tip of which is detachable from the tube by means of a simple plug joint. The tip does not screw on as with the ordinary Davidson atomizer, but fits loosely so that it can be turned upwards, downwards or to either side, according to the requirements of the case. While theoretically this seems a valuable feature, practically it is not devoid of danger, as a case cited by Dr. Grant goes to show.

While spraying the larynx of a patient the tip became disengaged, and falling to the upper orifice of the oesophagus was swallowed. The object swallowed was a metal tip of the thickness of a goose quill, about two inches in length, and having its anterior extremity bent at nearly a right angle for a distance of about a half inch. It was supposed that the object had passed into the stomach, as an attempt to verify its presence in the oesophagus by means of

a sound was negative. The patient was ordered a diet suitable for covering the object in its passage through the alimentary canal, but a few hours later the patient returned, stating that he felt unpleasant sensations at the epigastrium and it was decided to submit him to an examination by means of the Roentgen rays. While preparations for this were in progress the patient bent his body forward to a considerable extent, and during a forcible gagging effort expelled the foreign body from his mouth. Apparently the foreign body had not gone beyond the cardiac orifice of the stomach. In view of this accident it seems highly necessary that caution be used in the selection of instruments of this character.

NECESSITY OF REPEATED EXAMINATIONS IN CORRECTION OF ERRORS OF REFRACTION.—Dr. Wescott, in the March number of the *Ophthalmic Record*, says that he has found by experience that in order to give a patient the best service in correcting errors of refraction, it becomes necessary to resort to repeated examinations because of the variance of results obtained when patients are examined on different days. In no other way can the absolute error be detected, and the examinations of two consecutive days, after four or five examinations, must coincide before glasses are prescribed. Unless there is some very good reason for not doing so, Dr. Wescott uses homatropine in the examination of all patients over fifty years of age, and makes two tests if possible. He has been often surprised at the amount of latent trouble which the cycloplegic develops in old people. All patients under forty years of age are urged to submit to examination under atropine if possible, otherwise homatropine. A four grain solution is applied three times daily, and examinations made on each of the four or five succeeding days.

(In looking over the case records published by Dr. Wescott, it will be noted that in the majority of instances the results of examination do not correspond until about the fourth or fifth day. Taking Dr. Wescott's statement that after the drops have been used *one day* the patient comes for the first test, it would seem that the only reason that the full amount of error was not detected during the first three examinations is found in the fact that the accommodation has not been entirely suspended. We have always thought that it required at least nine or ten applications of a four grain solution of

atropine, used three times daily, to produce complete paralysis of accommodation, and in some instances we have found that a week's use of a four grain solution did not produce complete paralysis of accommodation, but that two or three additional days' use of an eight grain solution accomplished the desired result. It would, therefore, seem unnecessary to make preliminary examinations on the first three days of atropine administration, knowing as we do that the accommodation is not likely to be entirely suspended during that period.—ED).

FURTHER REPORT ON HOLOCAIN AS A LOCAL ANESTHETIC IN OPHTHALMIC WORK.—Since publishing a previous report (*Ophthalmic Record*, January, 1898), Drs. Wurdemann and Black have used this anesthetic several hundred times for numerous purposes and have studied its action in comparison with that of cocain and eucain. They have not as yet tried eucain B. As a result of numerous trials in irritating applications as well as all sorts of operations, they have come to the conclusions, that:

“The anesthetic qualities of holocain are equal to those of cocain and it is no more irritant. Holocain excels cocain for operations upon the bulb in the following:

“Its action is quicker and more lasting.

“It more thoroughly anesthetizes the iris and deeper structures.

“It more thoroughly anesthetizes inflamed surfaces.

“The anesthesia may be indefinitely prolonged.

“The cornea does not desiccate under its use.

“It does not affect the tension.

“It does not act on the pupil or accommodation.

“It does not interfere with the nutrition of the tissues, but rather increases their blood supply and hastens healing.

“Its solutions are antiseptic.

“It is already proportionately cheaper.

“The only disadvantage in the substitution of holocain for cocaine for anaesthetic purposes is that bleeding is more free under holocain, but the resulting blood clot, for instance, in muscle operating, is no greater and is as speedily absorbed. Cocain is likewise a cycloplegic and mydriatic, and its power to diminish congestion has a distinct therapeutic indication.

“Although holocain has been found by us to possess these distinct advantages over cocain when applied as a pure anesthetic, it has not, and probably will not, entirely displace the older medication. We are not enthusiastic over its effects, but have made a rather extensive trial of the drug in an attempt to prove the claims of Tauber and others, who have recently filled the pages of the European medical press with the results of their investigations. Only one author ascribes any ill effect to its use, and his conclusions may be received with doubt. Hotz has observed that penetration is not as deep, but he has only experimented with a single solution of one per cent. strength. In our practice no toxic effects have been observed from holocain, and indeed although we have also used many ounces of cocain during the past dozen years, we have seldom seen any effect upon the system and believe that both these drugs are safe when properly used.”

The hypnotic effect of Bromidia does not by any means represent the sole benefit to be derived from this preparation, but it meets, in a very perfect manner, many other indications involving hyperaesthesia of nerve tips and over-excitability of spinal cord. In doses of one-half teaspoonful, given every four hours for two days, will so benumb the sensory nerve tips of the buccal cavity that dentists can take impressions of the mouth, fit in rubber dams, etc., that would otherwise be impossible on account of the gagging peculiar to some patients. In the hands of the medical practitioner, given in half-teaspoonful doses every four hours, will make life endurable for hay-fever patients during the months of August and September. A teaspoonful will completely quiet the paroxysmal pain following childbirth or miscarriage without in any way interfering with uterine contractions.

BOOK REVIEWS.

AN EMPEROR'S FORTY-SIX PORTRAITS AND POSES.—With five German warships facing Admiral Dewey's fleet at Manila and the intentions of the German Kaiser still a matter of some doubt, the leading article presented in *The Cosmopolitan* for July will be read with interest. The forty-six portraits and poses of the Emperor William which illustrate the article are in themselves an extraordinary exhibit. They might be described as "The Evolution of an Emperor shown by forty-six human documents." Undoubtedly so large a number of portraits were never before gathered together of any royal or imperial personage.

THE DISEASES OF THE STOMACH.—By William W. Van Valzah, A. M., M. D., Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital, and J. Douglas Nisbet, A. B., M. D., Adjunct Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital.—Illustrated.—Philadelphia. W. B. Saunders, 925 Walnut Street. 1898.

We can scarcely have too many books on diseases of the stomach, provided always that they are the well written exponents of a large, varied, well digested and thoroughly scientific experience. The number of men capable and willing to produce such a work will always remain too limited to make the list of books burdensome. The writer already has on his shelves, among American authors, the excellent works of Einhorn and Hemmeter, and believes that, with this work of Van Valzah and Nisbet added, the American medical profession may well feel proud of its representation in this particular field of medical literature. A comparison with my edition of Ewald, which is dated 1892, but which, I believe, is not the latest, convinces me that either one of these three American works will be found a more satisfactory practical guide than that of this great German master, to whom we owe so much along with his German

collaborators in laying the foundation of the science of gastrology.

The work before us has been carefully examined and thoroughly tested in daily routine clinical work, and has been found to meet the requirements of a practical treatise to a very high degree. Every chapter of the book bears the impress of the author's personality, and one rises from its perusal feeling that he has a firmer grasp and a broader view of this field of practical medicine, which is rapidly forcing its way to a dominant position. The chemical methods of investigation are, of course, assigned the high value to which every advanced clinician knows they are fully entitled; while the mechanical methods are treated with proper attention. Among the more recent mechanical methods discussed by the author may be mentioned the gastro-diaphane, for which we are indebted to the genius of Einhorn. He takes a somewhat conservative view of its diagnostic value, assigning to it in many cases a very important position. In the writer's personal experience its negative findings are quite as valuable as its positive ones. It is certainly one of the most notable of recent additions to our diagnostic armamentarium. The author is entitled to much credit for the broad and comprehensive view he takes of a patient suffering from stomach disease, and his insistant recognition of the fact that the stomach can only be regarded from every point of view as a part of a complicated mechanism, every unit of which must be reckoned with.

Taking the work altogether we feel certain that it will be welcomed by both the specialists and the general clinician as a helpful addition to the list of works to which one must constantly turn in the solution of the perplexing problems with which we are constantly confronted.

G. W. M.

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FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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AUGUST, 1898.

No. 8.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

SOME SOURCES OF ERROR IN PHYSICAL EXAMINATION OF THE CHEST.*

B. VAN SWERINGEN, M. D.
Fort Wayne, Ind.

In response to a request from your Secretary for a paper for this meeting, received but a short time ago, I have hastily transcribed some thoughts recently brought afresh to my mind in the course of my work, and present them to you for your consideration.

As was so frequently said by one of my early teachers, there are no iron-clad rules in medicine. There is no rule without an exception, and it is the exception that proves the rule in the case of medicine as well as in the construction of our intricate English.

To say then that fremitus is *always* absent over a pleural effusion is to ignore the exceptions. It is true that it is generally absent, as the presence of a layer of liquid between the pleural membranes absorbs the vibrations and they do not reach the palpating hand. To perceive fremitus there must be no obstruction to the vibrations started in the column of air below the vocal cords between their point of origin and the hand. A thick layer of lymph

Read before the Tri-State Medical Society, Elkhart, Ind., July 19, 1898.

will lessen or obliterate them, and it is often difficult to determine exactly the character of the obstructing medium, as it may be either a thick layer of lymph, blood, pus, serum or air, or any combination of these substances.

Is it possible to feel fremitus over a pleural effusion? I say that from my own experience it is. Some years ago I lost a child of lobar pneumonia. The autopsy disclosed the right pleural cavity filled with serum, the lung occupying a position corresponding to the extremities of the large bronchi and compressed to the size of an orange. The left cavity also contained about a quart of liquid. The heart had at no time been markedly displaced owing to the double accumulation. The breath-sounds were plainly audible throughout the illness, and vocal resonance was plainly apparent although of a bleating quality.

Bronchophony and blowing breathing were heard and fremitus unmistakably present. Cough occurred at times, and was accompanied by the expectoration of frothy mucous which was not stained. The illness began with a chill and rise of temperature to 103 degrees with complaint of pain in the side, aggravated by deep inspirations and coughing.

Now why was it possible for anyone to be mistaken in this case? There was no great difference in mensuration of the two sides, and yet the liquid at the autopsy seemed simply begging to be allowed an exit, and if it had had one the boy would undoubtedly have recovered. The whole diagnosis turned on the presence of fremitus, which is such a valuable negative sign in pleural effusions.

In the majority of cases of effusion, where fremitus is retained, the sign is present because of adhesions between the membranes sufficient in extent to account for the transmission of the vibrations, but in this case no such cause was apparent, as the layers were widely separated.

In studying the case I came to the conclusion that the transmission had been through the chest wall from the vocal cords, that is, the vibrations of the cords were communicated directly to the tissues of the neck and down to the chest-wall instead of through the bronchi and lung tissue.

Another explanation offered itself, but seemed less probable, although it may be the true one.

In these great pleural effusions the liquid is, of course, contained under considerable pressure, and it occurred to me that this

tension may have been great enough to allow of the transmission of the vibrations through it by way of the usual route, i. e., bronchi and lung structure.

In estimating the value of fremitus and resonance as indicative of thickening of the pulmonary structures in a given case, it must be borne in mind that very great differences are oftentimes found in the normal chest and that this sign of itself alone is of comparatively little value. The timbre of the voice modifies its intensity as does also the length and amount of deviation of the paths which conduct it. It is rarely well-marked on either side in women and children, and in men it is often so marked on the right side as to cause a suspicion of disease, and if found in conjunction with other signs of consolidation is of value. If found alone it merely indicates that the right bronchus is given off high up and that the conduits are direct and patent.

In making a diagnosis of pulmonary tuberculosis great caution is sometimes necessary lest the absence of signs of consolidation lead us to give a negative opinion. The veriest tyro should be able to recognize a large consolidation of the lung favorably situated, but it requires an expert to elicit the signs of a beginning thickening or a rather extensive consolidation unfavorably located. There is occasionally found considerable healthy lung tissue immediately over a consolidation which so marks its signs as to make the diagnosis extremely difficult. To elicit bronchial breathing under such circumstances the patient should take rather rapid and deep respirations, and to elicit dullness the percussion stroke should be quite forcible.

The recognition of signs of consolidation in a patient ill for two months, for example, does not necessarily demand the diagnosis of tuberculosis. He may have had emaciation, night sweats, anorexia, cough with muco-purulent expectoration, and fever with evening exacerbations, and yet it is not wise to say positively that the disease is tubercular. Examination of the sputum may be negative as regards Koch's bacillus, and the diplococcus may be the only organism present to explain the symptoms. Under appropriate treatment the patient recovers and the diagnosis is clear. So closely does the clinical history and the physical signs resemble tubercular disease that at times it is hard to believe the bacteriologist correct in his report.

Then again, a patient comes with a distinct tubercular history,

and physical signs the same as in the case just described. The bacteriological finding is negative. A favorable prognosis is given and treatment begun, but instead of improvement being soon manifest the symptoms remain stationary or get slowly worse. Repeated examinations fail to reveal the bacillus tuberculosis, and you worry yourself about the case, doubting whether to put more confidence in the bacteriological report or the persistence of the physical signs until, it may be, a hemorrhage occurs or the patient's fever is suddenly aggravated, cough becomes worse, sputum blood-stained and she is confined to bed for two or three weeks with a well-marked attack of lobar or broncho-pneumonia, after which the characteristic tubercle bacilli are readily found in the sputum. The explanation of their absence, therefore, probably is that there was no bronchus in communication with the lesion. At all events, it has frequently happened to me that in a case of suspected tuberculosis, where the diagnosis was changed to accord with the bacteriological findings, my first suspicion was subsequently found to be correct, and I have come to give more weight to the history and physical signs than formerly, although I realize that there is nothing against a person with an inflammatory pulmonary affection becoming infected by the tubercular bacillus at any time during the progress of that affection.

It is absolutely impossible to diagnose tuberculosis by the physical signs alone.

When we have the signs of consolidation, and the affection is acute or sub-acute, we naturally think of two diseases, pneumonia and tuberculosis, but time and the bacteriological examination, together with a close study of the case, are necessary to come to a correct diagnosis, and I have just pointed out to you that the sputum may be misleading.

Bacilli, once found by a competent bacteriologist, settle the diagnosis conclusively.

As before stated, ordinary percussion may be unreliable if good lung tissue exists between the consolidation and the chest wall, and a small or beginning disease may in this way be overlooked. It may also happen that the lung be emphysematous and the physical signs of extensive consolidation thus obscured.

In arriving at an opinion as to the existence of an ulcerative lesion, one should give the proper weight to bronchial rules, and remember that bronchitis accompanies tubercular lesions in a large

majority of cases. The fine moist rales, therefore, do not always indicate breaking down of the lung tissue.

Prolongation of the expiratory murmur is generally held to be one of the most reliable signs of early phthisis, but it should be remembered that any disease which impairs the elasticity of the lung structure will produce this sign. Among these may be mentioned emphysema and asthma.

In eliciting the cracked-pot sound you will be unsuccessful if you forget to have the patient hold his mouth open during the stroke. It is a valuable sign of cavity in the adult, but it is not always found when cavity exists, for to be obtained the cavity must communicate freely with a bronchus. In children, with their flexible chest-walls, the sign can be gotten even when no pulmonary disease exists if the stroke be at all forcible.

In regard to the heart much may be said, but I desire only to draw your attention again to the familiar observation that nothing much concerning the lesion can be inferred from the character and intensity of a murmur, very extensive valvular disease producing at times scarcely any murmur, while slight disease produces occasionally very loud, rasping or musical murmurs.

No significance should be attached to the aortic systolic in a young person unless accompanied by hypertrophy; it is generally haemic.

In outlining the area of cardiac dullness the left limits can be obtained better during expiration, when the border of the lung recedes.

In those cases in which the apex beat can neither be seen nor felt the point at which the sounds are loudest will mark it, as also in the cases in which the apex beat is so diffuse as to make its exact location uncertain.

These will suffice to indicate the necessity for a thorough understanding of the mechanism of production of physical signs and their use and limitations to prevent one from falling into error in his diagnosis. The subject is deserving of a much more complete and extensive treatment than it has been possible for me to give it at this time, but it does us good to rearrange our ideas on any subject, and if I have stimulated you to this end I am content.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of July:

	Cases.	Deaths
Diphtheria (including Membranous Croup).....	3	0
Scarlet Fever ..	4	1
Measles	0	0
Typhoid Fever	2	2
Tuberculosis	not rep	6
Cerebro-Spinal Meningitis.....	not rep	5
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough.....	not rep	not rep
Total deaths from all causes.....		57

THE BEHRING PATENT.

The American medical profession has lately been treated to an astonishing piece of news to the effect that Prof. Behring, of Germany, has been granted a patent in the United States upon diphtheria antitoxin, on the ground that he is the discoverer and originator of this valuable therapeutic agent. The granting of the patent becomes more astonishing when it is announced that five distinct applications were acted upon adversely before the granting of the patent by the Board of Appeals at Washington on June 21st, and this result was more than could be obtained by the mercenary professor in his native country or any other civilized country in the world.

Aside from the ignoble action of Professor Behring, which places him beyond the pale of honor or even respect of professional men, the question of justice is one that will rightly produce indignation among American physicians. That Behring cannot successfully prove that he is entitled to all the honor in connection with the discovery of diphtheria antitoxin is evident when we remember that Pasteur, Aronson and many others have had a hand in the discovery and development of serum therapy, much of their work antedating that of Behring. It thus remains to be seen whether or not the courts will sustain a patent founded upon such premises, giving to Behring or his assigns a monopoly of the antitoxin trade throughout the United States, and placing human lives at the mercy of a soulless German corporation who have no further interest at heart than the pecuniary profit that may be obtained by the absolute control of the sale of antitoxin, now a priceless boon to diphtheria sufferers.

However, the American manufacturers of antitoxin, with the well known firm of Parke, Davis & Co. at the head, have served notice that they will fight the matter in the courts to the last extremity, and under no circumstances will they permit Behring and his money-making associates to prohibit the manufacture of antitoxin in this country (now an industry of considerable importance, and carried on by numerous large and reliable manufacturing drug houses, and no less than five municipal boards of health) until compelled by the highest tribunals of the land to relinquish all claim upon a discovery, the credit for which no more belongs to Behring than to a half dozen or more other investigators who were working along the same line, and whose investigations and discoveries

were gladly made public property for the good of humanity and the medical profession.

In the meantime American physicians who are accustomed to using the American antitoxin need not be intimidated by the threats of the manufacturers and selling agents of the Behring serum, for the American manufacturers stand ready to defend the users of their product as well as themselves. It is to be hoped that the American manufacturers will succeed in overthrowing this intended monopoly, and to this end we believe it to be the duty of every patriotic American physician to not only refuse to use any antitoxin but that manufactured in the United States, but aid in every possible way the firms who are now endeavoring to have the Behring patent set aside.

Let us have but one trade mark in which we place confidence, and let that be "MADE IN AMERICA."

A LESSON FROM SANTIAGO.

One of the peculiar phases of human nature, which members of the medical profession have an unusual opportunity to study, is the fearless and reckless manner in which people without medical knowledge are very ready to assume responsibilities for human life. It is a constant verification of the old axiom, that fools rush in where angels fear to tread; disaster upon disaster, although the costliest kind of education seems to have but little effect.

In a signed article, under date of July 17, Dr. Nicholas Senn, Lieutenant Colonel, U. S. V., after discussing the general situation from a general medical point of view, says: "The appearance of yellow fever cases in such a short time after invasion in such large numbers and originating in so many different localities simultaneously proved a source of surprise and alarm to the medical officers. They realized the dangers and the necessity for the employment of the most energetic measures in preventing further spread and in stamping out the source of infection. This could not be done without a hearty co-operation of the General in command.

Major La Garde applied to General Shafter for a detail of a company of infantry to aid him in fighting the disease. His request was promptly denied under the pretense that all of the troops available were needed more at the front than in the rear. This action left the Major powerless in checking the extension of the disease. Fortunately Major General Miles arrived in the nick of

time, and with him Colonel Greenleaf, Chief Surgeon of the army of the field. Colonel Greenleaf made the same request of General Shafter for troops to aid him in gaining control over the disease, but it was ignored as peremptorily as that of Major La Garde. He now turned to General Miles, who placed at his disposal not only a battallion but a whole regiment of colored troops."

It is to be regretted that so gallant a soldier as General Shafter would absolutely ignore the advice of the medical staff, and subject himself to so severe and well merited a criticism, as is implied in Dr. Senn's letter. Every one familiar with the subject fully recognizes the dangers to which our troops were exposed, and the difficulty of entirely preventing the outbreak of yellow fever among them. It is extremely probable, however, in view of subsequent developments, that if General Miles had been to the front instead of General Shafter, the present status of the army in Santiago would today be entirely different.

It is perfectly obvious to every one that an army in the field today should have thrown around it every safe-guard that modern science can furnish, and which is compatable with the conditions of military operations. Those conditions are, of course, very unfavorable, but our unfortunate experience in this campaign, which may yet prove to be of an appalling character, should serve as an object lesson for all time to come, of the folly of laymen assuming responsibilities which they are totally unqualified to fulfill, however skillful they may be in military tactics, theology or law.

G. W. M.

HOPE HOSPITAL.

Work has been commenced at this institution upon improvements which will, when finished, make this hospital one of the best equipped institutions of the kind in the State.

The improvements will consist of a new operating room with sterilizing, etherization and preparation rooms adjacent, together with two new amusement rooms and several new bed rooms.

Patients have often been denied admission to this hospital because of lack of room, and we predict that the management will find it necessary to materially increase the capacity of the institution very soon after the present improvements are completed.

M. F. P.

GERMAN CRITICISM OF AMERICAN AFFAIRS.

It remains to be seen how kindly the American public will take the unjust and unreasonable criticisms of every description that have been made by the Germans regarding every phase of the American side of the Spanish-American war. The Germans have seen fit to ridicule our army, our navy, our people as a class, and what is of particular interest to medical men, the medical department of the United States army and navy. While the results of the war are quite sufficient to satisfy almost any victorious people, and Germany has had many of her prognostications and criticisms overturned by events and circumstances of war, the German press yet continues with irrational and prejudiced criticisms of all our actions. The medical press of Germany have in particular said many unkind things regarding the medical army corps of the United States, and lost no opportunity of finding fault with the manner in which our sick and wounded soldiers have been cared for, and persisted in asserting that the whole procedure has been unscientific and not in accord with the most advanced ideas of medical and surgical progress.

It occurs to us that it is high time that the American public, and the American physicians in particular, ceased paying tribute to Germany and all other foreign nations who are anxious enough to fleece us out of our money by creating monopolies for the sale of their cheap and worthless products of manufacture, but who are not willing to give us credit for that which is deserving of the highest commendation. There was a time when scientific discoveries and medical teachings in the United States were not on a plane with that of European nations, and there was a time when Americans were exclusively dependent upon Europe for all of their manufactured chemicals and drugs, but at the present time America ranks with any of the foreign countries in both medical teaching and scientific investigation, and our American manufacturers produce the equal, and in many instances the superior of any drugs and chemicals that have ever crossed the water.

Why then should we continue to favor the Germans or any other foreigners by patronizing their institutions or buying their products when they exhibit such a discourteous and unkind display of prejudice for everything American, and have intercourse with us only for the money there is in it? Is it not time that the familiar sign "made in Germany" was looked upon as being a stamp

that represents that only which should be shunned by the entire American public? In this connection we wish to heartily commend the advertisement of a well known American firm, which comes out bluntly in advertising their preparations with the statement "It is American, made in America, for Americans."

To add to the indignities heaped upon the Americans by the German people, their scientific medical men forget that they owe a duty to humanity and to the medical profession at large by pursuing that ethical conduct which has always been considered the true type of the distinctive physician by giving to the world the results of their scientific achievements and discoveries, thus crowning them with the everlasting glory and renown which such a course deserves. They patent their instruments, their drugs, their processes of manufacture, and the latest phase of this mercenary spirit has been exhibited by Professor Behring in his successful attempt in being awarded a patent in the United States upon diphtheria antitoxin, on the mistaken idea that he was the sole discoverer and originator of this important therapeutic agent.

American physicians and American people are very forbearing, as has been demonstrated on more than one occasion when insults that would have been resented by people of other nationalities have been passed over without reproach, but there comes a time when forbearance ceases to be a virtue and that time is certainly here. It is an injustice to our American manufacturers, of whom there are none better in the world, to have laws on our statute books that will foster such a monopoly as is contemplated by the owners of the Behring patent. This becomes particularly true when we learn that Professor Behring was not able to secure a patent upon antitoxin in any other country in the civilized world. It is also an injustice to our manufacturers for the American physician to give aid and support to foreign manufacturers who place upon our markets drugs and chemicals no better than those manufactured in our own country, and in many instances worse, by buying and prescribing such remedies as antipyrine, phenacetin and a hord of other foreign products of secret composition, the use of which might better have been confined to the country in which they originated as far as the good they have done us is concerned. By all means let us as physicians uphold our American manufacturers and sustain the axiom which deserves popularity, "America for Americans, and American goods for American people."

THE NEW COLLEGE OF MEDICINE BUILDING.

Never in the history of the city of Fort Wayne has the building boom assumed the proportions of the present time. Among the larger buildings now being erected is the massive and elegant new County Court House, the Central High School, the Hamilton National Bank building, and the College of Medicine. The latter being of special interest to medical men, we take pride in giving a few details regarding the new structure soon to be devoted to the teachings and advancements of medical science.

The main body of the building is three stories high, the approach to which is guarded by four immense pillars of ancient architectural design, two of which are placed on either side of the steps leading to the main floor. Passing through the vestibule we come into the main hall, to the left of which is situated the students' stairs to the amphitheatre. Beyond the entrance to the second floor is situated the waiting room and dispensing department of the free clinic and dispensary connected with the college.

To the right of the main hall is situated the secretary's room, and connected with this room is a large lecture and recitation room. Passing along the hall we come to a second lecture room equal in size to the one in front of it, and beyond this a large and well furnished faculty room, from which leads a private stairway to the second and third floors above, which is intended for the use of professors only. A winding stairway opposite the faculty room is used by the students as an approach to the chemical, bacteriological, histological and pathological laboratories, and museum located on the second floor. The arrangement of these laboratories is modern in every respect as to light, ventilation and equipments.

The entire third floor is used for practical anatomy, and affords ample room for dissection in all its branches. In the rear portion of the building comfortable and convenient residence quarters have been arranged for the janitor of the building.

The entire building is systematically heated by registers and ventilators, and thoroughly lighted by electricity. Hot and cold water is placed in all laboratories and in the dissecting room, and the comfort and convenience of both teachers and students has been studied and carried out to the minutest detail.

The energy and push developed by the faculty of this college in their efforts to keep abreast of the times in every respect indicates a healthy growth, and we predict a prosperous future for the Fort Wayne College of Medicine.

W. O. G.

"PUT ME OFF AT BUFFALO."

The Health Commissioner of Buffalo has had the following ordinance passed:

It shall be unlawful for any person or persons to use or to engage in the sale of any bottle, mechanism, or other device for the artificial feeding or nursing of infants or children under three years of age, that has connected therewith a rubber tube, hose, or similar contrivance.

To enforce this ordinance against the long-tube nursing bottle, a lady was sent around to the different pharmacies to purchase one. She found many victims. When they appeared in court, three plead guilty and were allowed to go on payment of costs; one stood trial, but was convicted and fined. The others asked an adjournment, and combined to secure some of the best legal talent to fight the case.

Then the County Medical Society unanimously adopted the following:

WHEREAS, The Medical Society of the County of Erie, in common with the profession of medicine, and other well-informed and right-minded persons, maintain the following principles, to-wit:

That the preservation of the public health is the first duty of the State;

That the prevention of the communicable diseases is the plain and imperative duty of the sanitarian;

That the responsibility of the State to afford protection to its citizens increases with the ignorance, carelessness, and helplessness of such citizens;

That of all our objects of protection none is more helpless, or in more constant need of wise and discriminating care, than the newly born, who must be reared by artificial feeding;

That the death-rate among the artificially fed newly born marks the level of the sanatory enlightenment of the community; and

WHEREAS, Competent medical opinion has, and does, unhesitatingly and unanimously condemn a certain type of feeding-bottles, in frequent use; and

WHEREAS, Inspired by such well-founded conviction, ordinances forbidding the sale of this apparatus were recently enacted by the proper authorities of this city; and

WHEREAS, The relations between the professions of medicine and pharmacy are, and should be, most reciprocal and harmonious, the pharmacist being a conspicuous citizen, learned in medicine,

with singular opportunities to form and develop aright public opinion; therefore, be it

Resolved, That we commend to the druggists and pharmacists of our city our health-ordinances in general, and with greater particularity the ordinance forbidding the sale of a certain class of feeding-bottles, as timely, wise, and in the best interests of the public health—and that we invite them to join us in supporting these ordinances with their earnest and constant efforts;

Resolved, That we commend to all those in authority the subject of the preservation of the lives of the newly born and those of tender years, as of the highest practical importance, as deserving this incessant and sleepless vigilance;

Resolved, That we approve, in the most hearty and unqualified terms, of the ordinance prohibiting the sale of any nursing-bottle that has connected therewith a rubber tube, hose, or similar contrivance.

Buffalo evidently has a wide awake Board of Health, and is therefore a good place to live—"put me off at Buffalo."

The physicians of Buffalo are earnest and united, as evidenced by the preamble and resolutions so unanimously adopted. They apply admirably to all communicable diseases and define clearly the duties of the state in relation thereto.

Buffalo must be a pleasant and congenial place in which to practice the art of medicine—put us off at Buffalo.

NEWS NOTES AND COMMENTS

The managing editor of the JOURNAL-MAGAZINE announces the removal of his office to his new residence at 55 West Wayne street.

Dr. I. N. Rosenthal and daughter, of Fort Wayne, left the first of the month for Europe, where they will spend several weeks visiting points of interest.

Dr. Annie M. Stevens, a recent graduate of the medical department of the University of Michigan, has recently located in the city of Fort Wayne to swell the ranks of the lady physicians.

Dr. G. G. Brudi, of New Haven, thinks there is more money made in the oil business than in the practice of medicine, and is, therefore, devoting considerable attention to the wells owned by a company in which he is a prominent stockholder.

Dr. F. M. Hines, a prominent physician of Auburn, has been nominated by the Democrats of DeKalb County for the position of County Treasurer. If elected, as we believe he will be, Dr. Hines will succeed his father, who was elected treasurer at the last county election, but did not live to complete the term.

Dr. L. P. Drayer, the very efficient city chemist and bacteriologist, announces that the city of Fort Wayne is supplied with as pure drinking water as can be found in the State. Recent reports show that the water from the hydrants is unusually free from bacteria, and that the report regarding the contamination of the city supply through the reservoir is without foundation.

The Prince of Wales is at present laid up in consequence of a

dislocated and fractured knee cap. The Sultan of Turkey, in telegraphing his condolences to the Prince, offered, as a special demonstration of his solicitude, to send the Turkish surgeon, Djemal Pasha, to attend the Prince. This certainly does not indicate that the Sultan has a very high opinion of English surgery.

Dr. Delia Howe has resigned her position as resident medical superintendent of the Indiana School for Feeble-Minded Youth, and early this month left for Omaha for a short visit before taking up her residence in Montana, where she has decided to practice her profession. She has been succeeded at the Indiana School for Feeble-Minded Youth by Dr. Chas. Bock, who two years ago served as interne at the institution.

The laws of New York forbid druggists prescribing for patients, and recently a druggist was arrested and held in one hundred dollar bond for trial in special session, on a charge of violating this law. Two women agents of the Medical Society of the County of New York testified that the prisoner had prescribed for them, charging \$2.15 for advice and medicine. The druggist pleaded that he only sold the women patent medicines, but the magistrates said that he had no right to prescribe, his business being merely to fill out prescriptions.

Many investigations regarding cocain intoxication go to show that it is impossible to establish a maximum fatal dose for man, owing to the widely varying tolerance of the drug. The most dangerous application seems to be large amounts applied to the mucous membrane. It is interesting to know that an Italian physician of repute reports that hypodermic injection of physiologic salt solution immediately after the ingestion of nearly twice the fatal dose of cocain will preserve dogs from intoxication. He, therefore, recommends hypodermoclysis for cocain intoxication.

The Spanish-American War has brought out a fact which may not be generally known, that the physician who attended upon Napoleon I during his last illness at St. Helena is buried in the cemetery at Santiago de Cuba. After the Emperor's death he proceeded to Santiago, where he exercised his skill as an oculist

gratuitously among the poor, and after his death a public monument was erected to his memory in the local cemetery. He died April 3rd, 1838, and is said to have left quite a legacy, a portion of which, or about \$20,000.00, having been bequeathed by Emperor Napoleon.

Another illustration of the degradation of German science, which has been so conspicuous in the open alliances between Koch and other bacteriologists and the manufacturing chemists, is furnished by the attempts of Behring to establish a monopoly in diphtheria antitoxin. After many failures he has at last secured a patent on the manufacture of this remedy in the United States, and now thinks he is in position, with loaded syringe, to demand of every defenseless babe its money or its life. We do not believe the courts will legalize any such impudent attempt at brigandage.—*Medical Record*.

The Indiana State Board of Health has recently issued a bulletin to the public regarding the importance of securing pure drinking water during the months of August, September and October, or the period when typhoid fever is most prevalent. The people are warned against using drinking water that is not known to be absolutely pure, and are advised that the only satisfactory way to be sure of the matter is to thoroughly boil all water used for drinking purposes. The information contained in the bulletin should be thoroughly circulated, and the people will do well to follow the advice given.

We have recently received a condensed report of the quarter century work of the Public Health Board of Michigan. The book contains cuts and biographical sketches of the medical men who during the past twenty-five years have very materially assisted in advancing the public health interests of the state, and takes into consideration the different laws and regulations that have from time to time been put forth by the legislative bodies of Michigan to effect the high standard attained by the Board, which at the present time is recognized as the most efficient in the United States. The good work of this Board could well be imitated by the Health Boards of other states throughout the Union, and we sincerely hope

that the time will come when the various states will emulate the example of Michigan.

Surgeon Nicholas Senn, in one of his recent letters, announces that Prof. Victor C. Vaughan, of the University of Michigan, who is now with the army at Santiago, is confined in the isolation hospital at Siboney, suffering from an attack of yellow fever. The many friends and acquaintances of Prof. Vaughan will be exceedingly pained to receive this news, but will all wish for a speedy and satisfactory recovery. Dr. Guiteras, the yellow fever expert, has charge of the isolation hospital at Siboney, which contains eight hundred cases of yellow fever, thus insuring the most efficient care and treatment of the fever sufferers.

William Pepper, M. D., L. L. D., distinguished as physician, educator and man of enlightened public spirit, died suddenly on July 28th, at Pleasanton, California. The end had been foreshadowed by but few and brief warnings, and his death from angina pectoris came with shocking suddenness. He had been ill during the past winter, but was improved by a month's sojourn in the South. A short time ago he left for California to rest and recuperate. Dr. Pepper's life has been marked by the accomplishment of noble and magnificent purposes, and his death, when not yet fifty-five, is a source of universal public and professional regret.—*The Phil. Med. Jour.*

It is to be regreted that the editor of the *Medical Record* should have fallen into the ways of the secular press in jumping at conclusions and criticising and censuring without sufficient cause and without a full understanding of the facts. In criticising the conduct of medical affairs in the present war the *Medical Record* has reckoned without its host, and will probably be compelled to render an abject apology after publishing the emphatic letters of Surgeon General Sternberg and Surgeon Senn, giving a statement of some facts which will not only enlighten the medical public and correct many errors and erroneous opinions that may be formed by the public at large, but show up the injustice which the editor of the *Medical Record* would try to throw upon those in charge of the medical and surgical affairs of the army. The letters of both Surgeons Sternberg and Senn are published in recent numbers of the *Medical Record*, and will be read with considerable interest by those who have previously followed the *Record's* criticisms.

The Northern Tri-State Medical Association met at Elkhart, Indiana, Tuesday, July 19, 1898, and a very full and enjoyable program was given. The attendance was large for a mid-summer meeting, and expressions of satisfaction were heard on all hands with the entertainment provided by the Elkhart profession, and the interest manifested to procure the success of the meeting.

The following officers were elected for the ensuing year: President, C. N. Smith, Toledo; Vice-President, Miles F. Porter, Fort Wayne; Secretary, H. D. Wood, Angola; Treasurer, F. C. Mason, Hillsdale.

Hillsdale, Mich., was chosen as the next meeting place.

A number of the papers read at this meeting will appear in the JOURNAL-MAGAZINE.

The Prince of Wales has recently met with a painful accident, resulting from a fall upon the staircase of the Baron Ferdinand de Rothchild's residence in Buckinghamshire, where the Prince was paying a short visit. The left knee cap was fractured. A consultation of physicians, including Sir William MacCormac, Lord Lister, Sir Thomas Smith and Sir Francis Laking, was held, and it was decided that the joint is simply to be kept at rest in the extended position, and the pressure of bandages over properly adjusted splints will be trusted to for the proper bringing together of the segments.

The decision that it would not be wise to wire the patella was probably based upon the fact that the Prince, generally speaking, is not a fit subject for operative interference, he having previously had grave circulatory troubles during convalescence from a severe attack of typhoid fever, and has, in addition, for many years suffered from varicose veins. As the Prince is an exceedingly energetic fellow it is quite probable he will find enforced rest and confinement exceedingly wearisome.

With the close of the Spanish-American war comes keen disappointment to a large number of physicians throughout the United States who were expecting or had recently received appointments as army surgeons. To miss the experience which the army surgeons at Santiago have had may be a thing to be regretted, judging from one standpoint, but the ambitious and excitement-seeking physician can rest assured that the majority of people are thankful

that the necessity for appointment of additional war surgeons is at an end. While the war has been of short duration, it has been one in which sickness and injury among our troops has been conspicuous, thus calling for active service of the medical and surgical department of the army. If one ever doubted that there has been advance in medical and surgical knowledge during the past twenty-five years, he has but to compare the medical and surgical hospital and field records of the war with similar records of the War of the Rebellion to be convinced that the science and art of medicine has never been as efficient as today. This fact becomes more prominent when it is remembered that the army surgeons in Cuba have had more to contend with through extent and character of injuries and sickness, together with unfavorable climatic conditions, than was met with in a like period during the War of the Rebellion.

The Michigan State Board of Health are constantly sending circulars throughout the state, especially to the school teachers and pupils, giving recommendations and instructions for guidance in maintaining public health. The last bulletins have reference to the care of school rooms and other public assembly rooms, with recommendations and instructions covering periodical disinfection.

Among other things the bulletin says that the regular care of school rooms and other public assembly rooms includes sprinkling the floor before sweeping, the subsequent dusting of desks and other furniture, or wiping them with a clean, damp cloth, and the airing of the room before its use. That interchange of books be allowed only under such conditions as render the transmission of disease impossible. That the use of slates be discontinued. That persons known to be affected with tuberculosis of the lungs or who persistently cough and expectorate be denied the privileges of such room, either as teacher or pupil. That all spitting on the floor by any person be strictly forbidden, and that proper conveniences for receiving sputa be supplied. That at least once a year the room and contents be thoroughly disinfected, the wood-work and floor washed with antiseptic solution, the walls white-washed and the plumbing and ventilating inspected. Full instructions as to the methods of disinfection are given, including the disinfection of rooms and contents by formaldehyde gas.

The Journal of the American Medical Association has an edi-

torial in the number of August 6th which should be read by every practitioner of medicine. In substance the article advocates the more extended use of saline infusion in the treatment of hemorrhage and shock. Full instructions as to the convenient and efficient way of administering the infusion are given, and it is clearly pointed out that a procedure that is so easy of accomplishment and so thoroughly efficient should not be overlooked by any physician who wishes to employ a most rational and advanced treatment, as well as serve his patients to the best advantage.

To quote the *Journal*, "the injection of salt solution into the loose subcutaneous tissues is perfectly easy and simple in any private residence. The physician needs a fair-sized aspirating needle (or his hypodermic needle will do) and three feet of good rubber tubing. These should always be in his bag, and when occasion arises it is perfectly simple to call for a clean half-gallon stew pan, fill this with clear water and make a normal salt solution by adding one drachm of common table salt to the pint of water. The tube and needle are now placed in this salt solution, and both solution and tubing sterilized by boiling for a few minutes. The salt solution can be quickly cooled to a temperature of 105 to 110 degrees F., by placing the vessel in cold water, and the syphon is established by means of the rubber tubing which has been connected to the needle. When the fluid is flowing and all air is expelled from the tube, the needle is thrust into the subcutaneous tissues of the chest, axilla or abdomen, and from a pint to a quart of the salt solution allowed to slowly run in. This puffs up the skin and forms a tumor, but the solution will absorb rapidly and an abscess will almost never form. The patient revives as by magic, unless his vital processes are at such a low ebb that the solution cannot be absorbed, when intravenous injection will be indicated."

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

X-RAYS IN PYOPNEUMOTHORAX.—Kaienbock reports the case of a man 24 years old, with a left-sided closed pyopneumothorax that he studied with the fluoroscope. The most interesting observation made was that there was vertical respiratory movement of the surface of the fluid. This may be explained by the contraction during inspiration of the diaphragm, which, under the circumstances, is convex below. There was also pulsation of the surface of the fluid during the systole, i. e., a pulsating empyema, and Traube's explanation of the pulsation of empyema as due to direct conduction of the heart's impulse is supported by this observation, as the heart seemed to communicate its impulse directly to the fluid. Fereol's theory that the heart communicates the pulsation to the air in the pneumothorax and so directly to the fluid is unsupported by Kaienbock's observations, as if the patient lay on his left side, thus leaving the heart surrounded by air, while the fluid sank to the side, no pulsation could be noticed.—*Wiener Klinische Wochenschrift*.

CREOSOTE VALERIANATE IN THE TREATMENT OF TUBERCULOSIS.—Zinn (*Therapeutische Monatshefte*, March, 1898) reports that since the publication of Grawitz's article, in July, 1896, there have been treated in Gerhardt's clinic eighty more cases of tuberculosis with the valerianate of creosote. As a rule the remedy was given in capsules, each containing three minims and a third, one or more capsules three times a day. In several cases the medicament

was continued for several months. It was used in all forms of tuberculosis, and it was especially noted that there was in no case disturbance of the gastro-intestinal canal. It is accepted, he says, that of all the many remedies which have been recommended for tuberculosis, beechwood creosote alone retains a prominent place, notwithstanding its use has so often been productive of disagreeable effects. The valerianate of creosote is, therefore, worthy of special mention, because of its freedom from these disturbing influences. Particularly in the early stages of tuberculosis will it be found of great service; it fulfills all the requirements of a reliable preparation which can be taken and well borne for long periods.

STROPHANTHUS IN CARDIAC DISEASES.—Dr. Simon P. Scherer (*Medical and Surgical Monitor*, June 15th) says that with strophanthus we get the advantage of greater rapidity of action over digitalis, absence of vaso-constrictor effects, greater diuretic power, no disturbance of digestion, and absence of cumulative effects.

Wilcox has made a careful study of the action of strophanthus during the past two years and sums up his belief as follows:

Strophanthus, properly selected and prepared, is the drug of choice in the following conditions:

1. All cases in which we wish to establish compensation.
2. All cases of arterial degeneration in which a remedy to cause more energetic cardiac contractions is required.
3. All cases of cardiac disease where diuresis is necessary.
4. All cases of weak or irritable heart.
5. All cases of cardiac disease in childhood or old age.

Avoiding its use in fully compensated or over-compensated hearts which present advanced muscular degeneration or mechanical defects of high degree, and given only in small doses—five to eight minims—Dr. Scherer has used it in quite a number of cases and believes it to be superior to digitalis in the class of cases just enumerated. With the importance of knowing what the lesion is in order to better instruct our patients, we can scarcely over-estimate the use of a stethoscope. Correct diagnosis of valvular heart disease can not be made by placing the ear over the clothed chest. Have the patient's chest bare, and use the stethoscope with a definite knowledge of normal and abnormal sounds.

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

AGAINST FEMALE PHYSICIANS.—The German Medical Association has voted unanimously for a resolution expressing disapproval of the admission of women to the study of medicine.

A CHAIR OF NURSING IN A MEDICAL SCHOOL.—The medical department of the University of Texas has taken the initiative and established a chair of nursing, with Miss Hannah Kindborn as the Professor of Nursing.

CURE OF PERFORATING ULCER OF THE FOOT.—Chipault reports (*Bost. Med. and Surg. Jour.*) six successes out of seven trials to cure perforating ulcers of the foot by stretching the plantar nerves at the ankle, removal of all necrotic tissue and suture.

MR. FREDERICK TREVES recently observed (*British Medical Journal*) that "the simple procedure of exploratory incision has been of enormous value no one will doubt; that it has been a means of saving life has been amply demonstrated; that it has enabled a correct diagnosis to be made and a logical treatment to be carried out in hundreds of obscure cases, needs not to be insisted on; but there must arise in the minds of many the question whether the exploratory incision, infinite as its value may be, is an entirely unmixed blessing. I notice that there are indications which tend to allow this ready measure to replace the admirable labor of clinical observation. The incision is so simple, the collecting and arranging and judging of clinical evidence is so difficult and tedious. With a scalpel in the hand, the searching examination of the abdomen, as practiced in olden days, is no longer needed, and it is a question whether the education of those who wish to become acute clinical observers has not suffered a little thereby."—*Am. Jour. Surg. and Gynecol.*

A NEW METHOD OF DISINFECTING ROOMS WITH FORMALIN.—Schlossmann and Walther (*Medical News*) have devised a new apparatus for the disinfection of rooms with formalin.

By this apparatus steam from a kettle of boiling water is passed into a reservoir filled with a mixture of ten parts of forty-per-cent. formalin and one part of glycerine. From this reservoir through four escape pipes there passes off a vapor composed of formalin, glycerine and water. Soon after the apparatus is set going in a room the room becomes so filled with vapor as to obscure the light from an incandescent lamp. The advantages claimed for this method are:

1. Absolute sterilization.
2. It is not necessary to paste up tight the windows and doors; on the contrary, a little draft is of benefit.
3. The apparatus is so constructed that it produces currents of air, and so insures the sterilization of all the air in the room.
4. The maximum time required is three hours, as compared to twenty-four hours required by the Trillat or Schering methods.

OPERATIONS IN RECENT SIMPLE FRACTURES OF THE PATELEA.—In a recent paper (*Annals of Surgery*, July), Dr. Charles A. Powers, of Denver, discusses the question of the advisability of treating recent simple fractures of the patella by operation.

After a careful and complete study of the literature of the subject and an extensive correspondence through which he got the opinions of a large number (71) of operators, he concludes as follows: "That the procedure has a well-fixed place in surgery. I believe it should be done only by adepts in surgical art; that it should be confined to healthy individuals of suitable age; that its dangers and advantages should always be fully explained to the patient; that it should be reserved for fractures presenting a diastasis of over one-half of an inch or with extensive lateral tears of the capsule, and that it should always be supplemented by early massage and mobilization of the joint. The preferable form of operation is open arthrotomy. The suture of the soft parts should always be carefully made; such suture may be applied to the bone as the operators judgment may dictate. Such cases as are not suitable for operation may best be managed by the Dutch massage method, and this form of treatment may well be adopted by the general practitioner who thinks it inadvisable to undertake operative measures.

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

RUPTURED ECTOPIC GESTATION.—Wm. D. Haggard, Jr., (*Am. Gynaec. and Obst. Jour.*) quotes Mann as follows:

1. Before rupture coeliotomy.
2. Soon after rupture, coeliotomy.
3. After rupture with hemorrhage, coeliotomy.
4. Encysted hematocele, early, coeliotomy; late, colpotomy.
5. Encysted hematocele, late or septic, colpotomy.

These rules are endorsed by the author, and their efficiency and appropriateness demonstrated by the recital of five cases occurring in his own practice.

NATURE AND MANAGEMENT OF PUBERTY.—W. S. Christopher (*Am. Gynaec. and Obst. Jour.*, July), read a paper before the Chicago Obstetrical Society, with the above title. These are his conclusions:

1. Puberty is the period for the latentization of force for reproductive purposes.
2. This latentization requires a high nutrition and relatively low activity for its best accomplishment.
3. Failure to properly meet this demand leads immediately to the development of pubescent disorders, and ultimately to reproductive deficiencies.

At the same meeting Bayard Holmes and W. O. Krohn read papers entitled, "How to reconcile modern educational methods with the demands of health." The former recommended careful supervision of the girl at puberty, with removal from school, upon the first appearance of overstrain or ill health. Or, a change from books to practical work under the direction of a competent teacher until the body had attained its growth, and study could be resumed without harm.

The latter, among other valuable points, suggests arithmetic be placed at seven and a half to ten years of age and then allowed to rest until after pubescence.

The papers and discussion which followed indicate an awaken-

ing to the fact that the methods of educators have heretofore been carried out with little reference to the physical condition of the pupils, and that a system of reform has set in.

THE ENANTHEM OF GERMAN MEASLES.—Dr. F. Farcheimer (*Pediatrics*, July, 1898), describes as characteristic an enanthem, which he first studied in one of his own children. It is a macular, distinctly rose-red eruption upon the velum of the palate the uvula, extending to but not onto the hard palate. The spots are arranged irregularly, not crescentically, are the size of large pin-heads, and are very little elevated above the surface of the mucous membrane. He studied the eruption in 22 cases. In no case has he seen the exanthem when there was not present a suggestion of the enanthem. The latter is short-lived, rarely lasting more than 24 hours, and leaving pigmented deposits, usually of a yellowish or yellowish-brown color, either in the form of spots or streaks.

At first it is a pinky rose-red about the same as the roseola of typhoid.

This, it will be seen, is different from the enanthem of scarlatina or measles.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

CURE OF GLAUCOMA.—The cure of glaucoma by resection of the superior cervical sympathetic ganglia is reported by Jonnesco, who has performed the operation seven times for this purpose and found the improvement marked and progressive, even in cases that had resisted iridectomy.—*Presse Med.*, June 8.

CIMICIFUGA RACEMOSA FOR BUZZING IN THE EAR.—Robin and Mendel have found thirty drops a day of the extract of cimi-

fuga racemosa extremely effective in arresting the noises in the ears, caused by direct or reflex stimulation of the auditory nerve, with or without accompanying lesions, ear-plugs, etc. This drug has already proved a good antispasmodic for parturient cases, with marked diaphoretic, narcotic and antipuritis prosperities.—*Med. Woch.*, May 31.

A CASE OF OTITIS MEDIA PURULENTA ACUTA (double) WITH MASTOIDITIS ON LEFT SIDE FOLLOWING REMOVAL OF ADENOIDS.—Dr. B. C. Colins, in the August number of *The Laryngoscope*, reports the following case:

A female child two years of age had post-nasal adenoids removed about 3 p. m. The same night had earache, and in the morning both ears were suppurating. The left mastoid soon became involved, necessitating operation. The child had no previous ear trouble, and the case is reported because it is not uncommon for rhinologists and laryngologists of large experience to claim that no inflammation of the middle ear follows removal of adenoids.

STEEL IN THE VITREOUS LOCATED BY MEANS OF THE X-RAY AND REMOVED WITH THE ELECTRO-MAGNET.—In the July number of the *Ophthalmic Record* will be found reports of three interesting cases of foreign body in the vitreous located in two instances with the Roentgen Rays, and in all three instances removed by the electro-magnet.

The first case reported is that of Dr. F. C. Hotz, of Chicago, in which a small chip of steel passed through the cornea, and upper portion of the lens, lodging in the upper wall of the globe near the ciliary region. The foreign body could not be detected by the ophthalmoscope, owing to the cloudiness of the lens, but as the path of the foreign body could be clearly distinguished, it was decided to slightly enlarge the original opening and attempt extraction by means of the electro-magnet. The point of the magnet was passed through both the anterior chamber and the opening in the lens until apparently the wall of the globe was encountered. Upon withdrawing the magnet point a small black foreign body was detected in the lens opening, and this was removed by a second introduction of the magnet and proved to be the chip of steel which had produced the injury. During the following week the swelling of the

lens, with the attending inflammation, necessitated removal of the swollen lens through a linear incision of the cornea. Recovery was uninterrupted, though vision remains imperfect on account of capsular cataract.

The second case is that of Dr. E. J. Starr, of Buffalo, in which a scale from a steel chisel, piercing the sclerotic above and about six millimeters from the corneal margin, entered the vitreous chamber. Owing to the presence of blood in the vitreous, no reflex could be seen. The eye was exposed to the X-ray and the piece of steel could be seen with the fluoroscope, freely moving about as the eyeball rotated. Under the anaesthetic an opening was made through the sclerotic at the side (its lowest point as the patient lay on his side), and the point of an electro-magnet was presented to the lips of the cut. Connected with the magnet was a telephone, one terminal of the telephone being in connection with the point of the magnet, and the other being connected with a zinc plate covered with a moist sponge, which was held in contact with the patient's body. As soon as the contraction of the magnet drew the piece of steel into contact with this point a distinct sound was heard in the telephone, which was held to the ear, thus showing that the steel had been found, and making it unnecessary to explore further with the magnet point. Removal was attended with no further difficulty.

The third case reported is that of Dr. G. E. De Schweinitz, of Philadelphia, in which a piece of steel three millimeters long and one millimeter wide pierced the cornea in the center and passed through the center of the lens into the vitreous. Opacity of the vitreous rapidly took place, thus precluding the possibility of viewing the fundus. The patient was taken to the Jefferson Medical College Hospital, where skiagraphs were taken, which at once demonstrated the presence of the foreign body, located in the neighborhood of the macula in the posterior wall. An opening in the sclera was made just below the external rectus, a Hirschberg magnet introduced, and the current turned on, with the result of securing the piece of steel, which, upon removal, was found to weigh nine milligrams. Considerable reaction followed the operation, but under careful attention over a prolonged period, good light perception in all portions of the field was secured, though an opaque lens remained, which will probably be extracted and better vision again secured.

THROMBOSIS OF THE LATERAL SINUS DEPENDING UPON SUPPURATIVE OTITIS MEDIA.—Dr. Edward B. Dench, in the August number of *The Laryngoscope*, says that up to a comparatively recent period septic infection of the lateral sinus from a purulent inflammation of the middle ear was looked upon as a condition of the utmost gravity. However, with the perfection of aseptic surgical technique it finally became possible to relieve a large number of these cases even after the sinus had been precluded by the septic thrombus. At the present time no case is considered hopeless, even though the thrombus may have extended from the sinus backward into the internal jugular vein.

The symptoms of sinus thrombosis are so characteristic that they can hardly be overlooked, provided the patient is under observation for a few days. The most characteristic sign is a sudden elevation of temperature, the thermometer frequently registering 105 to 106 degrees. In the course of a few hours the temperature falls spontaneously to the normal standard or it even becomes subnormal. Defervescence is accomplished by profuse perspiration and great prostration. No other complication of middle ear suppuration produces these symptoms, and, therefore, the diagnosis of septic thrombosis in one of the venous channels in and about the ear becomes a matter of ease.

During the last three years Dr. Dench has operated upon nine cases of sinus thrombosis, in eight of which the patients recovered, while in the ninth death occurred as a result of an acute nephritis. In operating it is essential that the operation be conducted on strictly aseptic principles, and the technique of the procedure carried out with as much care as if the operator expected to enter the cranial cavity. In the first place all softened bone in and around the venous channel should be thoroughly removed, or, in other words, a thorough mastoid operation performed. With the thrombus exposed thrombus will be detected by thickening of the sinus wall, and by palpation a hardened ridge, or coagulated contents may be detected. In order to more definitely determine what the contents of the sinus are, an aspirating needle may be first introduced. If fluid blood is withdrawn it may be reasonably supposed that the sinus is not the seat of the septic inflammation.

If thrombus be diagnosed a free incision should be made through the sinus wall, which has been previously exposed for at least an inch, and the opening enlarged both upward and down-

ward by small blunt pointed scissors, and the clot removed with a sharp spoon, beginning downward. While the clots are being removed with a curette or spoon, firm pressure should be made on the jugular in the neck in order to prevent the entrance of any detached fragments into the general circulation. It is also indicated to prevent air from entering the jugular through the lateral sinus, causing sudden death. After the sinus has been cleared below, the hemorrhage is controlled by the introduction of a strip of iodoform gauze both into the lumen of the vessel and also between the external wall of the sinus in the inner table of the skull. The upper portion of the vein is then dealt with in a similar manner, the curette being carried upward toward the torcular until free hemorrhage occurs. Dr. Dench says that the operation is perfectly safe, and that if the operative technique is perfect infection at the hands of the operator is impossible. .

His conclusions are as follows:

First—A complete and prompt mastoid operation, in every case. This means the removal of all softened bone, no matter what structures may be exposed during the operation.

Second—The early surgical intervention in all cases of sinus thrombosis, whether discovered during the mastoid operation or recognized by constitutional symptoms.

Third—That the advisability of interference with the internal jugular vein depends upon the presence of symptoms indicative of jugular thrombosis in any particular case.

SANMETTO IN HYPERTROPHY OF THE PROSTATE.— ALSO IN CYSTITIS.

I have used Sanmetto myself for hypertrophy of the prostate, from which I have suffered for fifteen years. My age is eighty-three years. I have found out the value of Sanmetto, and am persuaded that this remedy will cure me entirely. I prescribed it for two of my patients who suffered with cystitis, one forty years of age was perfectly cured from the use of two bottles. The other, sixty years of age, thinks he will never stop it. I think so much of Sanmetto that I, for the first time in my life, feel induced to recommend the same to any physician.

ISAAC SAALFELDT.

Chicago, Ill.

BOOK REVIEWS.

A MANUAL OF MODERN SURGERY, PRACTICAL AND OPERATIVE.—
By John Chalmers Da Costa, M. D., Clinical Professor of Surgery, Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital, etc. 386 illustrations. Philadelphia. W. B. Saunders, 925 Walnut street. 1898. Price, cloth, \$4.00; morocco, \$5.00 net.

The first edition of this work appeared in 1894. That a second edition appears now is the best evidence in the world that the book was well received.

The author stated in the preface to the first edition that the aim of the manual is to present in clear terms and in concise form the fundamental principles, the chief operations, and the accepted methods of modern surgery.

The same purpose obtains in the present edition, and the character of the work remains the same. There have been added 100 pages, and the pages are larger than those of the first edition.

By the addition of new articles and the restriction and alteration of others, the book has been brought entirely up to date. The publisher's work is done in the satisfactory way one would expect from this house. The book deserves a large sale. M. F. P.

DISEASES OF THE STOMACH.—By John C. Hemmeter, M. B., M. D., Philos. D. Clinical Professor of Medicine at the Baltimore Medical College. 1897. P. Blakiston, Son & Co. Philadelphia. Price, cloth, \$6.00.

This exhaustive work on the diseases of the stomach is divided into three parts. Part first is devoted to the consideration of the anatomy and physiology of the digestive organs and the methods and technics of diagnosis. Part second treats of the therapy and materia medica of stomach diseases, while part third is entitled, "The Gastric Clinic."

The book not only reflects the thought and methods of its author, who is one of the leaders in this branch of internal medicine but it is a complete reflex of the state of advancement so far attained by all workers in this field, and the bibliographies contained in the book seem to refer to every important writing contributed to this subject during the past decade.

The subject matter is presented in plain English, easy to read and comprehend. It is made clear that diseases of the gastro-intestinal tract can not be scientifically treated without thorough knowledge of the subject, and this knowledge is not better presented in any other work than the one under discussion.

The type is large and clear and the book is a good specimen of good workmanship.

ATLAS OF SYPHILIS AND THE VENEREAL DISEASES.—By Prof. Dr. Franz Mracek, of Vienna. Authorized translation from the German. Edited by L. Bolton Bangs, M. D. With 71 colored plates. W. B. Saunders, publisher. Philadelphia. Price, \$3.50 net.

The author's aim in this atlas, is to place a work before the profession, which may be within the reach of all, and which will take the place of the more exhaustive and higher-priced books of similar character. Plates of the rarer phases of the diseases have been omitted, and only those which one is apt to see frequently are presented. The plates are taken from cases in the author's practice, and are, therefore, known to be true representations of the condition under consideration. The work of the artist and publisher has been remarkably well done, the coloring being extremely good and lifelike.

The text has, of course, been sacrificed in the interest of the plates, but, save a short description of the irrigation method of treating gonorrhoea, nothing of importance has been omitted. The text is brief, but that is not disappointing in a work whose principle purpose is to supply a course of clinical observation without the expense of attending a large clinic. The expectations of the publishers should be realized in the sale of the book, for we think it will be appreciated by those for whom it was designed. The translation is remarkably free from German idioms, and has been well done.

B. VAN S.

DISEASES OF THE SKIN.—By J. Compton Burnett, M. D., author of "Ringworm; Its Constitutional Nature and Cure." 1898. Boericke & Tafel, publishers. Philadelphia. Price, \$1.00.

The author of this little volume is a strict adherent to the law of similars, and he undertakes to prove, by the recital of numerous cases from his own practice, that diseases of the skin "must be treated medicinally from within." It matters not what the disease is; his cases of lupus, eczema, tinea, alopecia, vitiligo, all disappear in remarkably short order under internal medication. Even hordeolum folds its tent like the Arab and as silently steals away under the beneficent influence of Rx. *Thuja* 30. (4 in 24). Cataract is classed as a skin disease, and dissolves as mist before the morning sun under appropriate internal medication. Eczema, if suppressed by irrational unguents applied by men lacking the erudition reposing under the calvarium of Dr. Burnett, produces internal disorders. One harrowing case of "ossification of the heart" is adduced as evidence of the truth of this proposition.

The cases related are incomplete, and in many instances apparently unimportant details are made to serve the basis of an argument in favor of his assertion that external treatment in *all* skin diseases is unscientific and irrational. To an unprejudiced reader it would appear that Dr. Burnett is the subject of a fixed idea.

B. VAN S.

THE OFFICE TREATMENT OF HEMORRHOIDS, FISTULA, ETC., WITHOUT OPERATION, TOGETHER WITH REMARKS ON THE RELATION OF DISEASES OF THE RECTUM TO OTHER DISEASES IN BOTH SEXES, BUT ESPECIALLY IN WOMEN, AND THE ABUSE OF THE OPERATION OF COLOSTOMY. By Charles B. Kelsey, A. M., M. D., late Professor of Surgery in the New York Post-Graduate Medical School, etc. E. R. Pelton, New York. 1898.

In this little book of 68 pages is published three lectures delivered by the author to his class. From the title of the first lecture one would expect to learn from reading it how the author cures hemorrhoids, fistula, fissure and other affections of the rectum without operation, but in point of fact, he will learn nothing of the sort. The author contents himself, practically, with the statement that these disorders may be cured without operation and that the non-operative measures are often to be preferred.

The second lecture—On the Relation Between Diseases of the Rectum and Other Diseases, etc.—is much more satisfactory than the first, but deals too much in generalities and too little in practical facts. It is a good argument in support of the fact that to be a good specialist one should also be a good all-around practitioner.

The third lecture treats of the abuse of colostomy, and advises excision of the rectum in many cases in place of the less formidable operation. The technique of the operation, as the author performs it, is not given. As above intimated, the book is not what one would expect from the title, but it is well worth reading. Price 75 cents, net. P.

HAY FEVER AND ITS SUCCESSFUL TREATMENT.—By W. C. Hollopeter, A. M., M. D., Clinical Professor of Pediatrics in the Medico-Chirurgical College of Philadelphia; Physician to the Methodist Episcopal Hospital; Pediatricist to the Medico-Chirurgical Hospital, to St. Joseph's Hospital; Fellow of the American Academy of Medicine, etc. Philadelphia. P. Blakiston, Son & Co., 1012 Walnut street. 1898. Cloth, \$1.00 net.

The author considers the disease as caused by an external irritant, possibly containing a micro-organism or a toxin, which becomes especially active in the nasal passages of an individual predisposed by systemic debility or local abnormality.

Particular attention is devoted to the discussion of the treatment of the disease, and here the author mentions, only to condemn, many of the advocated forms of treatment recommended in the principal text books and advocates instead a simple form of cleansing treatment which has proved eminently successful in his hands.

Believing that an external irritant causes the disease, the author says that to prevent or cure it we must either prevent the irritant from reaching the points of exposure, fortify these vulnerable spots, or remove or render inert the irritant when already lodged. This object is obtained by ordinary sterilization and surgical cleanliness of the entire mucous membrane of the nasopharynx and nares effected by very thorough daily cleansing and swabbing of these parts with the ordinary Dobell's Solution. Op-

erative treatment is only resorted to in those cases where gross obstructive lesions are present, and then operative interference is withheld until the period between paroxysms.

A complete bibliography is appended, which will prove of great value to those who desire to look up the literature pertaining to hay-fever.

A. E. B.

ESSAYS ON BACTERIOLOGY AND ITS RELATIONS TO THE PROGRESS OF MEDICINE.—By Theodore Potter, A. M., M. D., Professor of Pathology and Bacteriology in the Medical College of Indiana, Indianapolis University; member of Consulting Staff, City Hospital and The Deaconess Hospital; Consulting Physician for Diseases of the Chest, Indianapolis City Dispensary. 162 pages. Cloth, \$1.00. The Indiana Medical Journal Publishing Company, Indianapolis. 1898.

The medical men of Indiana are justly proud of Dr. Potter, who occupies no mean rank among pathologists and bacteriologists throughout the country, and stands among the progressive leaders of the medical profession in the state. They will, therefore, appreciate this little book which, as stated by the author, is the outgrowth of work done for the Indiana profession, having its origin in a series of papers upon the progress of bacteriology presented, by request, to the State Medical Society between the years 1890 and 1897. Presented, as they have been, by a man who is a thorough student and conscientious investigator, these essays, covering the progress of bacteriology during the time mentioned, are well worthy of careful perusing by every student of medicine, and preservation for their historical as well as scientific interest.

The book contains 162 pages, divided into eleven chapters or essays, the whole in consideration of the germ theory of disease and allied subjects. Each chapter or essay is given the careful preparation indicative of the writer's standing as a scholar and investigator, and the reader will find nothing but keen enjoyment while perusing the pages of this interesting and well-written little work.

It is to be hoped that the author will see fit to publish other works covering his many experiments, investigations and writings pertaining to the advance of bacteriology, and we feel certain that should he decide to do so his works will meet with the same approval and appreciation accorded the little volume now before us.

A. E. B.

ATLAS AND ABSTRACT OF THE DISEASES OF THE LARYNX.—By Dr. L. Grunwald, of Munich. Authorized Translation from the German. Edited by Charles P. Grayson, M. D., Lecturer on Laryngology and Rhinology in the University of Pennsylvania; Physician-in-Charge of the Throat and Nose Department, Hospital of the University of Pennsylvania. With 107 Colored Figures on 44 Plates. Cloth, \$2.50 net. Philadelphia. W. B. Saunders, 925 Walnut Street. 1898.

No series of books have ever been published which excel Saunders' Medical Hand-Atlases, now coming from the press, as an aid in clinical diagnosis, and the volume now before us—"Diseases of the Larynx"—is fully up to the standard established by other volumes of the hand atlas series which have come from the Saunders' press. This work, like the others of the series, is made up largely of colored plates and drawings, which, with the accompanying text, are intended to serve as a ready and satisfactory substitute for clinical observation, presenting in a complete and convenient form the most accurate reproductions of clinical work, interpreted by the most competent of clinical teachers and illustrated in colors by the most skillful artists.

Beginning with a concise yet complete chapter upon the anatomy and physiology of the larynx, methods of examination, and general remarks on the causes and treatment of diseases of the larynx, the more important subjects covering the various diseases of the larynx, their pathology and treatment, are taken up at length and profusely illustrated in colors with a remarkable fidelity to nature. Considering that there are 107 colored figures and as many more plain illustrations distributed throughout the text, each accompanied by full description or outline of the subjects to which it is devoted, it can be readily understood that the work forms an invaluable aid to the physician in recognizing all forms of pathological lesions of the larynx. The illustrations are arranged solely according to external appearances without regard to the nature of the disease, and this proves to be a valuable feature in training the eye to recognize abnormal as well as normal conditions.

The illustrations, without exception, are a work of art, and, as intended, prove the most valuable feature of the volume. The work will prove of value to every physician who wishes to readily acquaint himself with the microscopical appearances of the diseases of the larynx.

A. E. B.

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FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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No. 9.

ORIGINAL ARTICLES:

No paper published or to be published elsewhere as original will be accepted
in this department.

CHRONIC DILATATION OF THE HEART FROM ACUTE OVERSTRAIN, WITH REPORT OF CASE.*

BY G. W. McCASKEY, A. M., M. D.

Professor of Nervous Diseases and Clinical Medicine, in the Fort Wayne College of Medicine, Fort Wayne, Ind.

The size of the heart, at the moment of its greatest distensions, varies much in the same individual at different times. The cardiac muscular fibres are not only contractile, but they are resilient and elastic as well, and their length in repose, upon which the greatest size of the heart cavities depends, will be governed, other factors remaining constant, by the degree of endocardial pressure. Variations in tonicity and innervation, constantly occurring as the result of both physiologic and morbid influences, still further modify the degree of distention produced by different grades of endocardial force. Thus acute dilatation has been known to follow a severe fright, or other emotional disturbance, the *modus operandi* being, of course, through disturbed innervation of the cardiac muscle, either with or without altered intra-cardial pressure. Doubtless

*Read before the Allen County Medical Society, at Fort Wayne, Ind., September, 1898.

in many cases, and possibly among others in Bright's disease, the relaxing effect is produced by toxins from various sources carried to cardiac muscle, nerves, and ganglia through the general circulation.

In other cases, however, the stretching is the result of increased tension produced by more or less violent physical exercise, as experimentally demonstrated by Dr. Schott. If the milder grades of transient dilatation are taken into account these cases are much more common than is generally supposed. To a certain extent, as already indicated, it is physiologic in character; but when of a certain degree and persistence it becomes clearly pathologic. Too long continued dyspnoea following fatigue indicates a degree of dilatation closely fringing the domain of pathology. The conditions during very prolonged severe fatigue partake much of the same character, and may be evanescent or persistent according to the circumstances of the case.

In certain cases, however, when the resulting intra-cardial pressure is very great, or the nervo-muscular apparatus notably lowered in tone, or, finally, histologic changes of more or less compromising character have anteceded the strain, recovery either does not take place at all, or is incomplete. In other cases still, the recovery may be apparently complete, although not really so—the fact only becoming apparent perhaps months later, when the heart is found unable to meet the demands of a somewhat unusual, though still moderate exertion. These events may become nearer and nearer together, each one constituting an acute overstrain with a certain increment of permanent weakening and dilatation, which may or may not be compensated by hypertrophy, until finally the case becomes one of extreme chronic dilatation, with totally inadequate hypertrophy, and the clinical picture becomes that of slow failure, the fatal moment of which is determined by some unusual excitement or exertion. Several cases of this type have fallen under my observation, and my attention has recently been forcibly called to the subject by the following case:

Mr. P., age 51, saloonist and free beer drinker, was admitted to the St. Joseph Hospital at 11:30 A. M., August 10, 1898, having stood the trip of some twenty miles by rail from an adjoining town remarkably well, in spite of the fact that there had been, as I was informed by his family physician, no very distinct radial pulse for about three days. He walked from the depot to the car-

riage, and from the carriage to the hospital elevator with little difficulty. When first seen by me he was sitting in a chair, breathing 48 times per minute, with moderate cyanosis, no left radial pulse, and only an irregular thrill at the right wrist. Auscultation showed 180 distinct heart beats per minute, every second to fourth one being weakly transmitted to the right wrist. With these conditions present he got up out of his chair with alacrity and walked across the room with apparent ease.

History: Family history overlooked in hurry of first examination. Present trouble began suddenly five years ago. Prior to that had always been a strong, healthy man, never having had any sickness of any kind. At that time while lifting a package weighing one hundred pounds, he was suddenly seized with dyspnoea, and pain in the region of the heart. The package was lifted in a narrow passage-way and had to be held directly above his head. Both the pain and dyspnoea continued for two or three days, during which time he could do nothing but "sit around and pant for breath." These symptoms then gradually subsided, and he made an apparently complete recovery, remaining free from symptoms for about one year.

Then had another attack lasting two or three days, caused by excitement. For three or four years had one or two attacks annually, caused by either excitement or some exertion. For last year or so has been unable to make any exertion without causing attack of heart disturbance and dyspnoea. Has had four or five spells within last year. The longest spell before the present one lasted three weeks; two shorter ones since.

For last year has been unable to walk up stairs. Present spell began eight weeks ago. Had not been feeling well for a week—suffering from depression from heat. Attempted to "mow" a few weeds, which brought on heart trouble, which has continued severe ever since.

Since then has suffered constantly.

Stomach and kidneys suffer most outside of heart. Vomits a good deal, and the daily quantity of urine is reduced to one-half pint, or less, and very dark and offensive. This has been true in all of the attacks.

Examination: Radial pulse just perceptible on right side, but not on left. Respiration 48 and laboral. Hands quite cool, and distinctly livid. Tongue very dry and slightly furred.

Auscultation: Heart sounds short, sharp and clear and quite regular, but exceedingly frequent. Counting over a period of several minutes gave the uniform result of 180 contractions per minute, about every third or fourth beat producing a faint radial pulse on the right side, where a slight flutter could be detected, but not at the left wrist. The sounds were rather too rapid for careful analysis, but a very high pitched, musical bruit, systolic in time could be constantly heard over the apex. The first sound seemed somewhat prolonged and may possibly have been associated with a regurgitant mitral murmur, but of this I could not be certain.

The impulse of the heart could be distinctly seen and felt over an area of some three and one-half inches laterally by two and one-half vertically, including nipple, but for the most part outside and below it. The impulse was not strong and the visible movements resembled a constant quiver.

Percussion showed that the left border of the heart extended to the axillary line, and the right border about one inch to the right of the sternum, the enlargement being, therefore, principally of the left ventricle and the character of the impulse and heart sounds showing that dilatation predominated very largely over hypertrophy.

The patient's most comfortable position was lying on the left side, either the dorsal or right sided positions causing severe dyspnoea. There was no orthopnea during my observation of the case.

Spleen nominal in size, liver enormously enlarged.

One ounce of urine was obtained, which represented the action of the kidneys for about two and one-half hours. It contained 2 per cent. of urea, was entirely free from both albumen and sugar, and microscopical examination was entirely negative.

At 4 P. M. the conditions remaining as above indicated, I gave one-thirtieth gr. strychn. hypodermically, and ordered hot water bag over heart. At 5 P. M. an injection of cocaine gr. one-sixth and atropin gr. one-hundredth. At 7 o'clock there was a distinct pulse in each wrist, occurring with every contraction of the heart. The cardiac contractions had fallen from 180 to 120. The patient himself remarked that his heart was not beating so rapidly. At this time one-fifteenth gr. of strychnia was administered, and fifteen minutes later the pulse had dropped to 102. The heart had completely rallied, and the indications were that the crisis had

passed with a single important exception, viz.: frequency of respiration. The extremities, hitherto decidedly cold, became warmer, and the patient was more comfortable in every way.

The case was closely watched until bed time, with the aid of my assistant, Dr. B. W. Rhamy, and, feeling well satisfied with the situation, dismissed the case for the night, with instructions to watch him closely, and promptly report any untoward change.

At midnight he awakened from a refreshing sleep, and remarked to the nurse that he could breathe so much easier in every way. He again went to sleep and slept quietly until 3 o'clock, when he suddenly awakened with a start, grew black in the face, gasped, and died instantly.

An autopsy was positively refused.

It is to be deeply regretted that I did not seize the opportunity when the heart action was reduced close to 100 times per minute to carefully analyze the sounds by auscultation; but this improvement occurring at the close of a hard day's work, and, as it happened, with stethoscope not in my pocket, I allowed the moment to pass, thinking there would be ample time for such examination.

The clear history of a severe muscular strain as the definite starting point of the symptoms, related with the most circumstantial exactness, would seem to place the case unequivocally in the class due to overstrain. Just what the mechanism of the initial injury was must be largely a matter of conjecture. It may simply have been a tremendous increase of intra-cardial pressure stretching the heart muscle so much that complete reparation was impossible; or the aortic leaflets may possibly have been damaged.

Hilton Fagge has called attention to the fact that the absence of orthopnea in cases of severe heart failure is somewhat characteristic of right sided lesions. In this case, however, while the absence of orthopnea was striking, there was conclusive proof in the character of the physical signs that the principal lesion was in the left side. The fact would seem to be, however, that orthopnea is most prominent in failure of compensation in valvular disease, and in the failure of chronic renal disease. A number of cases have been reported, and among others four by Handford, in which orthopnea was absent in fatal dilatation. In the case that I have just reported there is no proof, in the physical signs, of valvular incompetency. The high pitched musical systolic bruit described may easily have been produced by vibratory phenomena in the blood

current, or possibly a secondary valvular incompetency due to extreme relaxation of general heart structure, and consequent enlargement of valvular orifices. I think that the possibility of bruits being thus produced must be conceded. On the other hand, it is quite possible in this case, as we know it to be in all such cases, that a bruit distinctly heard in ordinary conditions, may be suppressed during periods of extreme heart weakness.

Among the interesting features of this case may be mentioned the mode of death. I do not think that the phenomena are difficult of interpretation, and while perhaps absolutely unavoidable, furnishes an important and valuable lesson in prognosis. One of the conditions constantly present in cardiac dilatation is an incomplete emptying of the ventricles with each contraction. This residual mass of blood becomes greater, *pari passu* with the atony of progressive failure; and when to the essential static condition of this residual mass we have added the still further static tendency of a feeble current, the conditions are exceedingly favorable for the formation of intra-cardiac clots. This is what we know does happen in such cases, and I feel certain that it is what happened in this case. During the two or three days of extremely weak heart action slow clotting took place—possibly as an eccentric clot lining the surface of the endocardium in the areas of greatest stasis, possibly surrounding the chorda tendinae at or near their points of attachment to the ventricular wall. So long as the heart action was feeble coagulation went slowly and quietly on, the clot or clots remaining quiescent and stationary, and producing the least possible amount of disturbance. This process had continued during the pulseless period, and possibly for some time before, as dyspnea had been extreme and constant, although, of course, with paroxysmal exacerbations for several weeks, and especially for a week. When the heart action became stronger, as shown by the return of the pulse, and lowering of frequency of the heart action, there began, under the mechanical influence of more complete muscular contractions, a slow detachment of the adherent clot. This detachment became complete at 3 A. M., and the clot instantly floated into probably the aortic orifice, with the inevitable result already indicated.

In such cases could we be endowed with the prescience which would enable us to stimulate the heart just enough to give us a fairly satisfactory circulation without excessive mechanical dis-

turbance it is perhaps within the range of possibility that sometimes, under exceptionally favorable circumstances, a clot might become sufficiently organized and adherent to be tolerated for an indefinite time, thus prolonging life.

Another interesting question in these cases of simple dilation is the condition of the heart muscle at the time of the acute strain. Doubtless in many cases the dilatation occurs because of a chronic unrecognized myocarditis, or other degenerative process. But there seems to be ample evidence in the history of published cases, that it does occur in hearts, the musculature of which is apparently perfectly healthy. At any rate dilatation is much more likely to occur with antecedent cardiac disease of certain types, and its possibility should be an additional incentive for warning such patients of the danger of either excitement or severe exertion.

107 WEST MAIN STREET.

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of August:

	Cases.	Deaths
Diphtheria (including Membranous Croup).....	3	0
Scarlet Fever ..	6	1
Measles	0	0
Typhoid Fever	8	2
Tuberculosis	not rep	6
Cerebro-Spinal Meningitis.....	3	3
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough.....	0	0
Total deaths from all causes.....		66

Increase in death rate due to cholera infantum.

THE PHARMACEUTICAL DOCTOR.

A recent announcement of the Brooklyn College of Pharmacy shows the addition of a new chair, under the name and title of Toxicology, Hygiene and Physiology. These branches, together with those regularly taught in all colleges of Pharmacy, embracing the subjects of pharmacy, materia medica, chemistry, bacteriology and pharmacognosy, may explain in a measure why so many pharmacists within the last ten years have taken up the subject of medicine. It is now only a step from the college of pharmacy to the college of medicine, and we may safely assume that the number of druggists who will take up the study of medicine in the future will be largely increased. Their increased knowledge of the value and action of drugs, from a practical and therapeutical standpoint, will give to the pharmaceutical doctor a prestige not to be underestimated by the medical college graduate who receives nearly all of his tuition in this department within the first two years of his medical course.

W. O. G.

GOING BACKWARD.

The English Government has taken a long stride backward in abandoning compulsory vaccination. According to the law recently passed no parent can be convicted for refusing to vaccinate a child, provided he can satisfy the court that he has a "conscientious disbelief" in vaccination. No parent can be proceeded against twice in respect to the same child. It is said by the friends of the new law that through it they will be able to reach careless parents who have no conscientious scruples against vaccination, but already parents are coming forward with the necessary "scruples" who had, previously to the passage of the new law, allowed their children to be vaccinated. That such legislation as this is possible, in a country which has but recently had in several sections, notably Gloucester, epidemics in which the unvaccinated suffered severely, is almost past belief.

Such legislation as this would be ridiculous were it not awful because of the harvest of suffering and death which it is sure to bring.

In and of itself such legislation is bad enough, but the harm which may come from such a precedent is well nigh incalculable. If it comes to pass that "conscientious belief" be considered by all law-makers as better evidence than well established facts, it would be hard to prophesy as to the results.

A parent may have a "conscientious disbelief" in the contagiousness of diphtheria, and thereupon refuse to obey the law enforcing isolation in such cases; or, having a "conscientious disbelief" in the efficiency of medical treatment he might choose to treat his diphtheria-infected child as do the faith aurists. Is society to be at the mercy of such parents? Shall a "conscientious disbelief" in capital punishment on the part of a father prevent the execution of his son who, according to law, has been proven guilty of cold-blooded murder?

If a competent jury declares a man to be a homicidal maniac and, therefore, dangerous to the community, shall a "conscientious disbelief" in this verdict on the part of the man's parents rob the community wherein the maniac resides from the protection which they can secure only through the enforced confinement of said maniac?

All sane persons would, of course, answer each of the three foregoing questions with a very emphatic *no*. And yet there is no more reason why the public should be protected from the murderer or the maniac than there is that it should be protected from small-pox and diphtheria. The law should not only grant but insure to each individual the fullest personal liberty *compatible with the best interests of the public*. Any legislation which does more or less than this is opposed to the best interests of humanity.

Law should be founded upon fact rather than faith, upon justice rather than sentiment, upon the broad plane of humanity rather than upon the slender pinnacle of self or sect.

M. F. P.

AFTER-WAR CRITICISMS.

While the Spanish-American War was in progress but little was heard regarding the mismanagement of war affairs by the heads of the War Department. Essentially the only criticism offered was regarding the delay in moving troops into Cuba, but the more conservative and sensible people realized that such criticisms were wholly unwarranted and unjust, in view of the fact that President McKinley, as Commander-in-Chief of the Army and Navy, was as anxious as anyone to make a short and decisive campaign, and was bringing every resource to bear to effect such a result. That the Cuban campaign was short and decisive is a matter of history, and in consideration of the untold obstacles that had to be

overcome, the military strategists of the world have pronounced the success attained by the American forces as unparalleled.

Ignorant and partisan critics fail to take into consideration the fact that this war was undertaken without scarcely a preparation such as is constantly maintained by other first-class nations, and that to force the issue to a successful termination in so short a period with the resources at hand was an undertaking of herculean nature and one that necessarily could not be carried out without some inconvenience, suffering and death. War, at best, is no pleasure excursion, and waged in a tropical country in the most unfavorable season of the year, with the added disadvantage of being on foreign soil, the geographical contour of which is anything but inviting, the war just closed under any management was bound to be fraught with more or less disaster. Hardships of every kind are considered a part of war, and in the Cuban invasion, under a broiling tropical sun, the troops, hastily thrown into that unhealthy country, could not be expected to escape exposures, fevers and other debilitating effects.

That there were mistakes made there can be no question, and that in some instances the medical department was inefficient can not be doubted, but let us use sense in our discussion and remember what had to be done, what was done, and what length of time was required to accomplish, in every department of war, what would not have been accomplished by any other nation on the face of the globe. Let us, instead of indulging in unwarranted and unjust criticism and bitter condemnation, which, for the most part, is carried on from the most despicable of motives—partisan advantage—be not only charitable in our views, but give credit to the indefatigable workers upon whom the executive burdens fell and who loyally and conscientiously tried to do credit to themselves and the nation they represented.

Such errors in judgment as occurred in conducting the war, occurring as they undoubtedly would under any management, should serve as a lesson and end in profit. Instead of resting quietly under the delusion that war is an extremely remote possibility, and with this fancied security allow our army and navy to be reduced in size and efficiency, we will probably awake to the necessity of believing that war may be forced upon us at any moment and that reasonable preparation is, therefore, necessary at all times.

One of the benefits arising from the war, in addition to the ac-

quisition of territory, will be the reorganization of the war and navy departments, and, what is of interest to medical men, the reorganization of the medical department of the army. But for the experiences of the past few months, marked though they be with many unavoidable errors of judgment, we might continue on for many years under the conditions which existed at the beginning of the late war, only to meet a worse fate later on, perhaps, when war was thrust upon us as suddenly but with much stronger foes to conquer.

However, when conditions such as the present confront us, it is to be regretted that many will stoop to the meanest and most contemptible advantage by making political capital out of what should rise above party politics. Just criticism is entitled to consideration, but much of that now indulged in arises from a spirit of antagonism and political partisanship, which stamps it as unreasonable as it is unjust and unpatriotic. It would be impossible to conduct any war and make no mistakes in any particular, but it is a pity in discussing the conduct of executive officers, who, through circumstances, were called upon to manage the war, politics should so bias the mind that criticisms, with total disregard for circumstances or facts, should be indulged in by those who ought, through position and influence, to be instrumental in building up rather than tearing down our national reputation and the reputation of those who conscientiously represent us.

A. E. B.

NEWS NOTES AND COMMENTS

The Queen of Denmark is reported very seriously ill of kidney disease, and is suffering greatly from general anasarca.

Dr. L. A. Bolling, of Fort Wayne, who was recently operated upon for appendicitis, has made a good recovery, and is now in Chicago taking a month's rest.

The Russian Minister of Public Instruction seems to have the health of Russian women at heart, for he has recently issued a decree prohibiting the use of corsets.

At the recent meeting of the French Association for the Advancement of Science, a resolution was adopted to the effect that vaccination ought to be rendered compulsory in France and in the French colonies and protectorates at as early a date as possible.

At a recent examination before the medical board of Louisiana, Dr. Emma Wakefield, a young negress, passed a successful examination. She is the first woman in the State of Louisiana to study medicine, and the first negress in America to receive a medical diploma.

At the late commencement exercises of Jefferson Medical College the authorities of that institution conferred the degree of LL. D. on Prof. Chas B. Nancreed, of the University of Michigan, at present serving as regimental surgeon in Cuba. The honor is a deserving one.

Iodide of potassium pills may be prepared as follows:

- Iodide of potassium.....175 grs.
- Sugar of milk..... 75 grs.
- Lanolin 45 grs.

To make fifty pills.

Christian scientists have won a signal victory in Rhode Island, the Appellate Court of that state having handed down an opinion in which it is held that Christian Scientists are not medical practitioners in the legal sense of the term. This will constitute a precedent in the escape of all kinds of quacks.

The Klondike certainly has charms for the average physician, if the number who have gone to that vicinity is anything to judge by. It is reported that there are two hundred practitioners in Dawson City,nearly all of whom have not registered in accordance with the laws of the Northwest Territory.

The Rush Monument Fund has nearly doubled during the past year. The treasurer reported that he had on hand \$5,322.83 at the time of the Denver meeting, and in a recent report published

in the Journal of the Association he gives the amount received at the Denver meeting and since as \$4,424.27, making a grand total of \$9,747.10.

The Drs. Barnett, Surgeons of the 157th Regiment, Indiana Volunteers, are, together with the Fort Wayne companies of the Regiment, home on a thirty days' furlough. At the expiration of the furlough it is expected that the entire command will be mustered out, and to that end the Drs. Barnett are now preparing to resume active practice once more.

The *Medical Review* is authority for the statement that mosquito proof tents are to be added to the soldiers' outfit in Cuba, Porto Rico and Manila. The tent is made of fine white cheese cloth, weighs one and a half pounds, and can be carried in a knapsack. When opened for service it is five feet high, six feet long and three feet wide. This will afford most valuable protection against mosquitoes, flies and insects of all kinds, and dew.

The trial of a doctor's suit was published in a Connecticut newspaper some years ago, in which a witness was called for the purpose of approving the correctness of a doctor's bill. The witness was asked by the lawyer whether the doctor did not make several visits after the patient was out of danger? "No," replied the witness, "I considered the patient in danger so long as the doctor continued his visits."—*Medical Record*.

Dr. C. H. English, of Fort Wayne, Brigade Surgeon of the United States Army, is home on a two weeks furlough to recuperate. Dr. English has been serving upon General Brook's staff, and was to have joined the expedition to Porto Rico, but owing to ill health resulting from the active service in and about Chickamauga, has been obliged to seek rest at his Fort Wayne home. He may, at the expiration of his furlough, join the Porto Rico troops.

The Allen County Medical Society held its first fall meeting, following the summer vacation, at the Society rooms, at 74 Calhoun Street, Fort Wayne, on Tuesday evening, September 6. An

interesting program was presented, and the Society membership was increased by several new names. Regular meetings are held on alternate Tuesday evenings throughout ten months of the year. All reputable regular physicians are invited to attend and participate in the discussions.

The annual meeting of the Upper Maumee Valley Medical Society will be held in Fort Wayne, Wednesday, October 5th, and owing to the fact that the Fort Wayne Street Fair and Carnival will be held during the same week, and low railroad rates have been granted, it is thought that the attendance will be unusually large. The Secretary, Dr. Wheelock, has sent out preliminary notices asking for titles of papers, and the preliminary program will be mailed the latter part of the month.

The annual meeting of the Mississippi Valley Medical Association is to be held in Nashville, Tenn., October 11th to 14th. The program, as usual, contains a large number of papers, and the meeting promises to be of exceeding interest. Dr. J. Y. Brown, of St. Louis, is President, and Dr. H. E. Tuley, of Louisville, Secretary. The address on medicine will be delivered by Dr. Jas. F. Whittaker, of Cincinnati, and the address on surgery by Dr. Geo. Ben Johnson.

The Fort Wayne College of Medicine opens for the annual session on the last Tuesday of this month. The new college building is completed and ready for occupancy. The Faculty and Board of Trustees are to be congratulated upon having such a commodious and well appointed building, which was needed, and will mark an era in the progressiveness of the institution. Already a large number of students have matriculated for the coming year, and it is expected that the number will be doubled during the opening week.

We have recently received the first announcement of the College of Liberal Medicine, located at Indianapolis, Indiana. Among other things the announcement says that the college ignores all sectarian names, laboring solely for the good of humanity. The college was organized because of a long felt want for a school which

should be non-sectarian in character. The course, after next year, is to be extended to four years. Among branches of study we notice rational homeopathy, eclectic therapeutics, allopathic therapeutics, science and religion, and others of like character.

Some well known Michigan surgeons have been acting as war surgeons and seen service in Cuba. Prof. C. B. Nancreed, of the University of Michigan, brigade surgeon, is home from Cuba on a furlough. Prof. Victor C. Vaughan, of the University of Michigan, regimental surgeon, was recently stricken with yellow fever in Cuba and removed to the isolation hospital. He has been granted leave of absence, and is now en route home. Dr. H. D. Thomason, of Albion, Mich., has been ordered to report to Santiago as surgeon of the Thirty-third Michigan Regiment.

One of the sections of the law creating the Florida State Board of Health reads as follows: "Any person or persons who shall falsely or maliciously disseminate or spread rumors concerning the existence of any infectious or contagious disease shall be guilty of a misdemeanor, and, upon conviction thereof, shall be punished by a fine of not less than \$100, or more than \$1,000, or by imprisonment in the county jail for not less than three or more than six months." This is certainly an excellent way to make the outside world suspicious of the health of Florida.—Ex.

The Drs. Barnett, Surgeons of the 157th Regiment, Indiana Volunteers, in speaking of the unhealthy condition of the camps, say that much of the sickness in their regiment was due to the uncleanliness of their neighbors. They also assert that much of the illness occurring in the troops stationed in the South could have been avoided had ordinary sanitary measures been rigidly enforced. This statement corroborates the statement made by many of the army surgeons to the effect that much of the sickness in the army was brought about by the carelessness of the troops, as well as disregard of the rules of the camps.

Indianapolis now has a medical department in the city public library which does great credit to the city. A large room has been set aside by the library authorities for the exclusive use of medical

men and students, and since this room was opened in May a large number of donations of standard medical journals and medical books have been made by the physicians of Indianapolis. An appeal has been sent to the physicians throughout the State to contribute to the support of this library by donating such medical works as it may be found desirable to place in an institution of this character. It is thought that Indiana may thus have a State Medical Library that will be a credit to the physicians of Indiana, who are recognized as being as progressive as any throughout the country.

The September number of the *Indiana Medical Journal* has been called the War Number, and is devoted entirely to war topics, particularly those connected with the medical department. The principal original article is a reprint of Dr. Senn's report of recent experiences in military surgery after the battle of Santiago, which appeared in the *Medical Record*. This report is certainly of sufficient interest to bear reprinting many times, and is worthy of perusal by every surgeon. The other articles pertain to the criticisms of the medical department of the army, together with the replies by Lieutenant Colonel Senn and Surgeon-General Sternberg, and many other interesting items of general interest which pertain not only to the medical department but may be classed as general army news. The number is exceedingly interesting throughout, and does credit to the enterprising editor, Dr. Brayton.

The Kentucky School of Medicine is just now engaged in a rather uncomplimentary fight regarding who and who shall not serve as dean and professors of the institution. The Board recently declared vacant the chairs of Drs. Kelley and Woody, the latter being the dean of the institution. The courts were asked to settle the dispute, and an injunction against Dr. Wathem was issued, restraining him from claiming either orally or in writing to be dean of the faculty of the Kentucky School of Medicine, and from claiming the right to receive any of the mail addressed to Dr. Woody, the former dean, or merely addressed to the dean of the faculty or addressed to the Kentucky School of Medicine. The injunction also restrains Dr. Cochran and Boyd and each of them from claiming either in writing or orally to be professor of the Kentucky

School of Medicine. The final result of the case will be watched with considerable interest by the friends of the contestants, though it is thought probably that the ruling of the court will be sustained and the former faculty retained in office. The affair reflects discredit upon the institution, and it is hoped that an amicable settlement of the difficulty may be obtained without further injustice and detriment to the college.

The annual meeting of the American Academy of Railway Surgeons will be held at The Auditorium in Chicago, on Wednesday, Thursday and Friday, October 5, 6 and 7. The preliminary program has recently been issued, and the following papers are listed: Anaesthesia, by Dr. R. H. Cowan, of Radford, Va.; Traumatic Injuries of Peripheral Nerves, by Dr. D. S. Fairchild, of Clinton, Iowa; Injuries of the Genital Organs, by Dr. Milton Jay, Chicago, Ill.; The Radical Cure of Hernia, by Dr. W. J. Mayo, of Rochester, Minn.; Concealed Meningeal Hemorrhage, by Dr. H. Reineking, of Sheboygan, Wis.; The Interment of Ericsen, by Dr. W. J. Galbreith, of Omaha, Neb.; Physical Examination for Railway Service, by Dr. J. F. Pritchard, of Manitowoc, Wis.; The Hygiene of Railway Injuries, by Dr. G. P. Conn, of Concord, N. H.; Conservatism in Railway Surgery, by Dr. H. Hatch, of Quincy, Ill. President's address—"The Higher the Order of Railway Surgery the Greater the Protection of the Employe, the Passenger and the Company," by R. Harvey Reed, M. D., Rock Springs, Wyo.; and "Convenient First Dressing of Fractures, with Samples," by Dr. E. H. Trickler, of Cutler, Ohio. The President of the Society is Dr. R. Harvey Reed, of Rock Springs, Wyoming, and the Secretary, Dr. D. C. Bryant, of Omaha, Neb.

Prof. Behring has been able to secure an American patent upon diphtheria antitoxin and proposes to establish a monopoly of the antitoxin business in this country, but if he thinks that his pathway will be strewn with roses he will be very much mistaken, for not only do the American manufacturers of antitoxin propose to fight the patent from first to last, but the American public is becoming slightly indignant to think that such an outrageous act should be forced upon the American people through laxity in our patent laws. Retaliation all along the line can be looked for, and

without question enough funds can be secured from the American manufacturers to defeat the Höchst-Farbwerke, who manufacture the Behring serum and act as assignees of the profits.

As yet neither Prof. Behring or his assignees have offered to apply for a patent in England, though the patent laws of that country are so loose that no trouble would be experienced in obtaining a patent such as has been obtained in America. The rub, however, would come in making the patent stand, and realizing the difficulties to be encountered, Prof. Behring and his assignees prefer to confine their nefarious operations to America, where impositions are tolerated with more grace than anywhere else in the world. There comes a time, however, when too much imposition is met with rebuff even in America, and the Behring patent seems to be the starting point for retaliation. We sincerely hope that the patent will not only be set aside, but that the American physicians will refuse to use the Behring serum which the German manufacturers would force us to use to the exclusion of all others.

The world owes the discovery of lenses as an aid to vision to Charles II, of England. After his escape to France, and after his father was beheaded, he became a pensioner of the great Louis XIV, and while living his indolent and dissolute life in Cologne he met an expert artisan in glass, and accidentally looking through a small lens belonging to this workman, he found that it greatly benefited his very imperfect vision. He at once bought all his lenses and took the artisan into his own employ.

The young prince, born with myopic astigmatism (irregular near sight), by mathematical calculation based upon these crude lenses, thus accidentally discovered perfection in the glasses he is said to have worn, and by which his vision was raised from one half of normal sight up to perfect vision. These glasses are now in the British Museum, and were the first spectacles ever made for visual purposes.

When Charles was recalled to England and crowned Charles II, he took his French artisan and about twenty others with him, and it is said that as many as six thousand lenses were made before he got what he wished, and what finally gave him perfect vision. These glasses, when perfected, had cost the prince over \$100,000.

The good, accidentally it would seem, that followed Charles' exile to France has been worth many times over to mankind the

loss of his father's head, the fear of the same fate having been his incentive to flight. The Duke of Monmouth, Charles II's favorite son, also nearsighted, had but one eye, hence the origin of the "monocle." His father's artisans improved his vision with a single lens worn over his better eye.—*N. Y. Med. Jour.*

We have recently received, through the courtesy of Congressman Robinson, copies of the Public Health Reports. These reports are of more than passing interest, containing, as they do, a resume of the health condition in various countries of the world, citing the number of cases of various contagious diseases in the principal centers of population as reported by the United States consuls, and taking up in detail the condition of health in the various states of the United States.

The mortality table, foreign cities, shows ten fatal cases of cholera at Madras, no other fatalities from this disease being reported in the other foreign cities. This report is for the week ending July 15th. London reports 38 fatal cases of diphtheria, and 45 fatal cases of whooping cough for the week ending August 6th. Paris reports 22 fatal cases of measles for the week ending July 30th. St. Petersburg reports 22 fatal cases of enteric fever for the week ending July 30th, and Warsaw reports 28 fatal cases of scarlet fever for the week ending August 8th.

The mortality table of the United States was exceedingly favorable as compared with that of foreign cities. New York, with its greatest population, comes in with a death rate of 1,341 from all causes for the week ending August 20. Out of this fatal number New York reports 132 deaths from phthisis pulmonalis. The death rate from this disease alone in the cities of the United States is greater than from all other diseases put together. Of deaths from other causes enteric fever comes next, with diphtheria a close second. The large death rate from enteric fever is to be expected considering the season of the year.

The pamphlet contains, among other things, interesting information regarding quarantine laws, temperature and rain fall.

The United States Department of Agriculture (division of botany) has recently issued a bulletin entitled "Principal Poisonous Plants of the United States." The object of the bulletin is to give

correct information regarding the more common poisonous plants, so that there will be a lessening of the number of fatal cases of poisoning due to carelessness or to lack of correct knowledge of our poisonous plants.

In order to secure the knowledge contained in the bulletin the Secretary of Agriculture appointed Mr. V. K. Chestnut, an experienced botanist, to take charge of the work. In the persecution of this work a novel method of securing information about actual cases of poisoning was adopted. Through newspaper clipping bureaus the Division of Botany received notices of all the cases of poisoning that were recorded in the principal newspapers. Then through the persons mentioned by name in these articles, or through the local postmaster, the department got into correspondence with the physician in charge of the case, secured a specimen of the plant which was responsible for the poisoning and placed on file a complete record of the symptoms, treatment and results. By this means the department secured a large amount of authentic and valuable information, the partial benefit of which is given to the people in this publication now distributed.

The plants which have been considered, about fifty in number, include most of the important species. Each is illustrated, wherever necessary, by an original drawing from authentic specimens, and is briefly described in a popular way. This, together with the liberal use of common names and a brief outline of the geographical distribution, will doubtless enable individuals in the different localities to recognize any of the plants. For general educational purposes it is thought best to follow the scientific classification.

The department intends later to publish a bulletin giving, as far as possible, the chemical and physiological properties of all poisonous plants of the United States, and their antedotes. It is hoped that the heartiest co-operation will be received from all who are able to render assistance.

The *Journal of the American Medical Association*, on August 20th, published a letter from Wm. Cuthbertson, late major and surgeon of the First Illinois Cavalry, in which he stamps the medical department of the army as incomplete and inefficient, basing his opinion upon personal experiences in failing to obtain necessary recognition while serving as an officer of the department, and failing to obtain through the department such medical supplies as he

thought it necessary to have in every well regulated army camp. In the *Journal* of September 3rd the letter is fully answered by Lieutenant Colonel Chas. Smart, Deputy Surgeon General of the United States Army. Dr. Cuthbertson is rightly shown up as a petty complainer who has proven himself unworthy of further attention in consequence of the ignorance displayed in his letter which the *Journal* has seen fit to publish.

Dr. Smart says that the supply table of all armies in the field is necessarily limited, but that all surgeons in the late war were plentifully supplied with sterilized absorbent cotton, sublimated and iodoform gauze, mercuric chloride, lime chloride and such drugs as are applicable for the treatment of diseases ordinarily encountered in army service. While every drug mentioned in the Pharmacopoea was not supplied army surgeons, the *necessary* drugs were furnished, and so great a surgeon as Prof. Senn is reputed as having testified that even at Santiago, where supplies would be limited if at any place, there was no lack of antiseptic dressings for the wounded, or necessary medicines for the fever stricken.

Many complaints have been entered by ignorant and incompetent surgeons that medical supplies were not sufficient in quantity, but their arguments have been stamped as silly and unworthy of notice when, with other complaints, fault is found because lactopeptine, wine of cocoa, and many other similar preparations were not furnished the army surgeons. It is quite likely that some of these same surgeons will enter a protest because they were not furnished hair mattresses to sleep upon and victorias to travel in while performing their duties as surgeons in the field. It does not seem to have entered the minds of these grumblers that war necessarily means hardship, and under few circumstances is it possible to furnish more than the actual necessities to those actually participating in the war. More or less inconvenience, hardship and suffering was to be expected, and as such was the case the matter should be looked upon as a part of war and passed without unjust criticism.

The enterprising book publisher, W. B. Saunders, of Philadelphia, announces that he has recently visited Germany and made a contract with the central publisher, agreeing to purchase from him one hundred thousand copies of the lithographic plates, produced

by the most skillful artists obtainable in Germany, for the purpose of publishing a new series of Hand Atlases, which have become so justly popular with the medical profession throughout the United States and are destined to have an immense sale. The lithographs are the very best that can be produced, being marvels of beauty and true to nature in color and outline.

Among the new books which will soon come from the Saunders' press are the following: DaCosta's *Modern Surgery*, the second edition of McFarland's *Pathogenic Bacteria*, the second edition of "An American Text-Book of the Diseases of Children," "An American Text-Book of Gynecology," the fourth revised edition of Vierordt's "Medical Diagnosis," the second revised edition of Griffith's "Care of the Baby," Butler's "Materia Medica and Therapeutics," Stengel's "Text-Book of Pathology," Hirst's "Text-Book of Obstetrics," the "American Pocket Dictionary," an "American Text-Book of Diseases of the Eye, Ear, Nose and Throat," by Drs. DeSchweinitz & Randall, and Church & Peterson's "Mental and Nervous Diseases."

Stengel's "Text-Book of Pathology" will be a work of about eight hundred pages, and will be a model text book on modern pathology. Hirst's "Text-Book of Obstetrics" will be a profusely illustrated book on obstetrics, containing about eight hundred pages, and embodied in the book will be a series of original illustrations which Dr. Hirst has collected in his work as Professor of Obstetrics at the University of Pennsylvania. It is fully expected that Stengel's Pathology and Hirst's Obstetrics will be leading text books on their subjects during the coming season, as they are both written by men of ability in their respective lines.

Too much cannot be said for the Hand Atlases, which are destined to become exceedingly popular with the medical profession. The publisher is deserving of great praise for an undertaking which requires such expense, but inasmuch as the initial cost of the colored plates has been borne by eleven publishers (the atlases having been published in eleven languages) instead of one, it has been possible to produce the works at a price that comes within the means of every practitioner of medicine. If the cost had been borne by one firm alone the Atlases would probably be placed upon the market at a price in excess of that which the average physician could afford to pay.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

THE VALUE OF DIGITALIS IN PNEUMONIA.—Maragliano states that he established beyond a doubt the specific action of digitalis on the pneumonia coccus. A very small amount will kill the cocci in a culture and also neutralize the toxicity of pneumonia toxin in injections. Owing to this effect of the digitalis in neutralizing both toxins, pneumonia patients are able to stand much larger doses of digitalis than healthy persons.—*Gaz. d. Osp. e. d. Clin.*, No. 31.

ELECTRIC LIGHT IN RHEUMATISM AND NEURALGIA.—Kozlovski, in *Vrach* has published an account of his treatment of rheumatism and neuralgia by means of exposure to the electric arc. He was induced to make these observations by the statement of Ewald, who is medical officer to some large iron works, that he had noticed that since the introduction of the system of electric welding there had been a notable diminution in the number of cases of rheumatism, neuralgia, migraine and other nervous diseases among the workmen, which he attributed to the beneficial effect of the electric light. In order to bring this therapeutic agent within the reach of ordinary patients, Kozlovski has fitted up a consultation room with a suitable plant for producing the electric arc, which consists of a six-horse-power oil engine, a dynamo, thirty-five Tudor accumulators, a rheostat, ampere-meter and electric arc lamp with reflector. With these he obtains an electromotive force of 50 to 60 volts and a current of from 250 to 300 amperes. The patient is placed at a distance of one

and a half meters from the light and protected by blue spectacles and also by a screen of cardboard, in which an aperture is cut to allow the light to fall on the affected region of the body. To this it is exposed for from three-quarters of a minute to two minutes. The patient feels a slight sensation of heat, though the temperature is never raised more than 4 degrees F., where the light falls on the skin, but nothing more until six or eight hours afterward, when itching and tingling are felt and the skin reddened. Some forty-eight hours later, desquamation occurs, which lasts for two or three days. In the course of three months Kozlovski has treated thirty-eight patients, varying in age from 13 to 70 years, by the electric light. There were eight cases of sciatica, all of which recovered; eighteen of chronic rheumatism, fourteen of which recovered; three of lumbago, all of which recovered; three of occipital neuralgia, of which two recovered; and two of trigeminal neuralgia, one of which was greatly benefited. In most cases three or four sittings produced an amelioration of the pain. They were continued at intervals of three or four days, according to the amount of cutaneous irritation, but the total number of sittings never exceeded a dozen.—*Journal of the American Medical Association.*

SYSTEMATIC COLD BATHING IN TYPHOID FEVER.—In a recent number of the *Philadelphia Medical Journal*, Dr. Wilson, of Philadelphia, makes an extended report upon this method of treating typhoid fever in the German Hospital in Philadelphia. During the period of about eight years, there were treated 741 cases, of which 55 died, a mortality of 7.42 per cent. The following modifications in the technique of this treatment have been adopted as the result of his experience:

1. At the beginning of the attack, purgatives, especially calomel, sometimes in fractional doses, are given. Purgatives are administered to those who enter after the tenth day of the disease.

2. Cold is applied to the abdomen in all cases of marked abdominal tenderness, pain and hemorrhage.

3. The treatment by systematic cold bathing is established as a routine method and is employed in all cases; the only contra-indications are, speaking generally, the signs of peritonitis, hemorrhage, perforation. Appropriate medicines are administered in response to special indications. The proportion of cases requiring any medication whatever, has been found to be very small, not exceeding 10

per cent. As convalescence begins, dilute hydrochloric acid may be given for a short time, and later, if anemia is present, some form of iron.

4. The rule has been adopted, and is still in force, to repeat the bath whenever the axillary temperature reaches 101.4 degrees F. The baths are repeated whenever necessary at intervals of three hours. Formerly, however, baths were stopped as soon as the temperature ceased to go above this point. A very interesting observation led to a modification of this rule, viz: Quite frequently patients with a temperature lower than 101.4 degrees would ask for baths because of the greater comfort obtained. Hence there has been instituted the practice of giving one or two plunges a day during defervescence, and this has seemed to hasten convalescence.

5. The fever wards in the German Hospital are small, each containing six beds. The bath has been arranged at the end of the small ward; the graver cases are placed in the beds nearest the bath and carried by the attendants from the bed to the tub and back, while the milder cases and the improving patients walk to the bath with the assistance of the nurses. In all cases the improving and milder cases rise from their beds every three hours, are assisted to the tubs by the attendants, and return the same way. In no instance has Dr. Wilson had any occasion to believe that this modification of Brand's original formula, namely, that a movable bath tub be placed at the side of the bed, had any unfavorable effects. On the contrary, favorable influences upon the course of the disease have been noticed. In addition to these empiric reasons there are good theoretic reasons for certain changes in the traditional methods of treating cases of long acute febrile diseases. Among the complications of typhoid fever, bronchitis, bronchopneumonia and hypostatic congestion have always been prominent, no matter what the treatment. These phenomena are, to a certain extent at any rate, due to the progressive weakening of the heart and mechanical derangement of the circulation. Dr. Wilson also believes that the development of somnolence, intestinal paresis, etc., is favored by the dog-like, passive recumbency of the typhoid patient. Muscular atrophy from disuse and deranged lymphatic circulation are also mentioned in this connection. The experience in the German Hospital seems to point to the fact that enforced continuous repose adds to the original disease secondary nutritional disturbances due to functional disuse.

6. The measure of success in the treatment by cold bathing is

determined by the period in which it is begun. Brand's claim that the mortality is practically nothing when the cases are treated by this method from the beginning can not be confirmed in ordinary hospitals, because cases do not come to the hospital in the beginning of the attack. Many observations, however, show that the earlier the treatment is begun the greater the reduction in the death rate. Ordinarily the hospitals do not receive any cases of typhoid fever until toward the end of the first week, the great majority later than this, and quite a number as late as the middle of the third week. At the same time there are many mild cases ("mild typhoid") admitted at any time during the progress of the disease, with so low temperature that but few baths are given. These cases would probably recover without any treatment at all.

Plainly, treatment by cold baths, begun late in the course of the disease, must largely fail as a general plan, and it is also plain that the bath treatment can not be claimed to shorten the course of mild cases of typhoid. Dr. Wilson believes, however, that these two groups of cases offset each other, and that the conclusion based upon statistics are justified. G. W. M.

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

TELL THE PATIENT THE TRUTH.—Under the caption of Surgical Hints in the *Internat. Jour. of Surgery*, occurs the following:

"Do not be too much afraid of scaring your patient. Don't hesitate to tell them the truth. If an operation is needed, what is the use of running the risk of delay through giving the patient a false sense of security. Tell him or her just what he suffers from, and why an operation is imperative. Only those whom our art is unable to help should be lulled to their last sleep by quieting their minds and withholding from them the exact nature of their disease."

A false idea of kindness, a mistaken sense of duty, a desire to "keep the patient," or to act in accordance with the well meant but

mistaken opinions of the patient's friends, many times leads physicians, as well as surgeons, to make to patients statements which, because they reveal only part of the truth, or, worse still, hide most, if not all, the important facts concerning the illness from the patient, lull him into a sense of false security from which he is often not awakened until it is too late.

There are times when surgical action must be prompt if it be of any avail. This requires a prompt decision on the part of the patient and the patient's friends, and there are occasions when nothing short of an almost brutally plain statement of the facts by the surgeon will bring about this decision.

THE PROPER CARE OF THE GASTRO-INTESTINAL CANAL IN ITS RELATION TO SURGICAL OPERATIONS, is the title of a most excellent and practical paper by Dr. Jno. A. Wyeth, of New York, in the *International Journal of Surgery* for August. After considering various operations the paper closes as follows:

"In operations for hemorrhoids or prolapsus ani, the alimentary canal should be emptied by purgation for three or four days before the operation and the colon irrigated. No irrigation should, however, be done within six hours of the time set for the operation, for the reason that if a large quantity of water be thrown into the bowel it may continue to come away to the great annoyance of the operator.

After the anaesthetic is administered the entire length of the rectum can be cleansed locally before the operation is undertaken. In all these procedures about the rectum and anus, in order to keep the sphincter muscle at rest and to control hemorrhage or oozing, I am in the habit of using a tube of fairly stiff rubber with a lumen of about one quarter of an inch, wrapped with sterile gauze until it has a diameter of about three-quarters of an inch. This tube is inserted into the rectum about three inches, and permits the escape of gas and any liquids that may descend, and thus keeps the muscle at rest for about twenty-four hours after the operation. At the expiration of this time the calomel and salines bring on the free liquid movements of the bowels, carrying away the tube with the first movement. It is much better to have the bowels kept moving, with liquid discharges, beginning twenty-four hours after an operation about the rectum, than to permit the accumulation of hardened feces, which when they come away are painful, and often do considerable damage by over-distention of the bowels."

EARLY DIAGNOSIS OF GASTRIC CARCINOMA.—Ullman, of Buffalo, in a recent paper (*Buffalo Medical Journal*, Aug., 1898) on cancer of the stomach, reports several cases of gastric carcinoma, in which he found the Oppler-Boas bacillus, and also a case of benign cicatricial contraction of the pylorus in which the absence of this bacillus greatly aided in a correct diagnosis.

He concluded that the Oppler-Boas bacillus is a great aid in the diagnosis of gastric cancer and that it is of practical importance because its presence may be easily demonstrated.

He regards the bacteria as a result of the neoplasm. The bacilli, when they are present, are to be found in the particles of mucosa obtained from the washings of the stomach. They may be detected before a tumor is palpable and before the cachexia is so marked as to make operation impracticable.

“As described by Oppler, these bacilli are long, slender and non-motile and may be seen in every field, lying between the cellular elements and particles of food of stomach contents.

Strauss and Bialcaom (*Zeit. fur Klin. Med.*, XXVIII., No. 5 and 6,) have been able to get cultures of them. They do not grow on gelatine or agar, but on a mixture of agar two parts and one part of filtered concentrated glucose and carcinomatous juice.

Kaufmann and Schlesinger obtained growths on meat peptone agar and glucose agar. Their presence seems to be favored by an absence of free hydrochloric acid and the presence of lactic acid. Kaufman and others assert that these organisms have the power of forming lactic acid from various kinds of sugar. In staining them you proceed as with other micro-organisms, spread them with the stomach contents on a cover glass, dry, fix by passing through the flame and stain with any of the aniline dyes (methylene blue, gentian violet and the like). They also take on the Gram stain. They may be seen with the high power and better still with the oil immersion.”

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

A RAPID METHOD OF RIDDING THE THROAT OF DIPHTHERIA-BACILLI AFTER DISAPPEARANCE OF THE FALSE MEMBRANE.—Dr.

Alfred Hand, Jr., calls attention to the efficiency of solutions of nitrate of silver, 60 grains to the ounce, in ridding the throat of diphtheria-bacilli after the disappearance of the false membrane (*Phil. Med. Jour.*, Aug. 27, 1898). Weaker solutions are more painful and not so effective. It is applied to the spots formerly covered by membrane, and care is taken that none runs down on the epiglottis or larynx. It is his experience that 48 hours are generally sufficient to cause their disappearance and that one or two applications only are needed; never more than three.

DIPHTHERIA OF THE VULVA.—J. Whitridge Williams, *Am. Jour. Obst.*, Aug., 1898, reports the case of a woman who did well until the twelfth day of her puerperium, when she began to complain of pain and a sense of swelling about the vulva, which increased in severity and caused her to recall her physician on the fourteenth day. A grayish-white exudate was found on the inner surfaces of the vulva on attempting to catheterize, but the true nature of the affection was not recognized or suspected until about a week later after the death of two children from diphtheria. Culture showed the diphtheria bacillus, and the attack was followed by paralysis of the lower limbs. The inguinal glands were swollen at the time of the attack. It was concluded that the physician in attendance was responsible for the infection, inasmuch as he had several cases of diphtheria on hand at the time, and in spite of the fact that his antiseptic precautions were alleged to be thorough.

(They were not thorough.—ED.)

THE TREATMENT OF CARDIAC COMPLICATIONS IN PREGNANCY.—In *La Presse Medicale* of February 2, 1898, Vacquez and Millet give the following directions:

For the prevention of accidents from cardiac disease in gravid women two indications are necessarily carried: First, rest in bed; second, an absolute milk diet. These prescriptions should be adhered to for the period of five or six months; only a sufficient quantity of exercise being taken each day to maintain the health, and the heart being given a rest during the remainder of the twenty-four hours. Should there be any evidences of scanty urinary secretion theobromine may be given as a diuretic, and it may be necessary to give saline purgatives to relieve the bowels or the kidneys.

These may be given every three or four days. Should the symptoms of cardiac disease manifest themselves in asystole, anasarca, hepatic and renal congestion, then digitalis in fractional doses employed as an infusion may be resorted to with advantage. At the same time it may be necessary to use venesection or active saline purgatives. Should there be pulmonary congestion, as a result of cardiac lesion, venesection, hot applications to the chest or wet cups may be needed. Theobromine should be given to stimulate the kidneys, and fractional doses of Dover's powder may be used with excellent results. Should the symptoms become very grave we may induce labor, using chloroform in small quantities and supporting the heart by preparations of digitalis. Although chloroform is supposed to be a cardiac depressant its use probably puts aside more danger than it itself causes, particularly if the heart is protected by doses of digitalis. So far as the prophylaxis of cardiac disturbances in pregnancy are concerned the authors quote Peter as having forbidden women with cardiac affections to marry. He, however, makes this rule: Permit marriage if the cardiac lesion is simple and there is no asystole. Oppose marriage if the cardiac lesion is complicated or associated with asystole, or if evidences of mitral regurgitation are marked.—*Thera Gaz.*, July 15, 1898.

THE FORCIBLE CORRECTION OF THE DEFORMITY IN POTT'S DISEASE.—For a number of months past there have been more or less encouraging reports concerning the feasibility of suddenly and forcibly correcting the deformity in cases of angular curvature of the spine. They have emanated chiefly from France, to the surgeons of which country belongs the credit of devising the procedure. But one can not help appreciating more adequately the experience and conclusions of one's own countrymen in any such matter. It is of peculiar interest, therefore, to reflect upon certain points in the proceedings of a meeting of the Section in Orthopaedic Surgery of the New York Academy of Medicine held on March 18th.

Dr. Gibney showed a boy, twelve years of age, who had had Pott's disease as long as he could remember. He had had no treatment, and the hump was very pronounced. On March 1st a moderate degree of force was employed under anaesthesia, and the deformity was reduced to a great extent, the parts yielding easily.

While the boy was in the prone posture a plaster-of-Paris jacket was applied, reaching from the pelvis to the axillae, and he was kept in bed for three days. After that he was playing about the hospital wards, and at no time was there any fever. Dr. Gibney showed another boy, six years old, wearing a plaster jacket after the forcible reduction of a decided kyphosis. In the course of the operation his breathing became somewhat labored, and the anaesthesia was discontinued. The procedure was followed by a slight retardation of the pulse, and this recurred on one day subsequently.

Dr. Gibney said he presented the patients to show that such deformities might be materially reduced by the application of force, and that no fever or other immediate untoward results followed. In the after-treatment, he said, it was not necessary to fix the head and shoulders; if the plaster was carried well upward, there would be no recurrence. The English surgeons, said Dr. Gibney, were advocates of the steel apparatus, and criticised the French for encasing the trunk in cotton covered with plaster of Paris. It was true that if too much cotton was used a good fit would be impossible; the parts would recede and the jacket would become loose. If, however, the plaster was properly applied there would be no trouble. Dr. Gibney thought there need be no fear that forcible correction would set up tuberculous action in the meninges or elsewhere; it was exceedingly rare, he said, for dissemination of the bacilli to follow the forcible correction of deformities of the hip, as had been found by years of experience.

Another child was shown by Dr. Phelps. In this case the deformity had been almost wholly reduced, but only after so much snapping and cracking that it was feared the child's back had been broken. This operation, said Dr. Phelps, seemed very cruel, and it had been undertaken in fear and trembling only partially allayed by the French surgeon's favorable reports. The procedure, he thought, was applicable in the early stages of the disease, but dangerous if there was a large hump, ankylosis, or an abscess. As regards abscess, Dr. Townsend mentioned a case in which death occurred from intercurrent bronchitis, and a retropharyngeal abscess was found, showing that a resort to the operation would have proved disastrous.

Among the speakers who were inclined to condemn the operation, or at least to admit its propriety in only a very limited number of cases, were the chairman (Dr. Judson), Dr. Myers, Dr. Reginald

H. Sayre, Dr. Taylor and Dr. Elliott. The last-named gentleman referred to two cases of death following the operation, recently reported in one of the English journals. The chairman said he had seen no reason for being dissatisfied with the use of the steel brace, and, while the traumatism inflicted in forcible reduction did not seem to be necessarily fatal, perhaps not even dangerous, it was doubtful if it was wise to add it to the unavoidable daily traumatism sustained by the subjects of Pott's disease in standing and walking. If we could restore to the spine its curves, its strength, and its mobility, almost any treatment would be accepted; but this we could not hope to accomplish. Moreover, it was very doubtful whether consolidation would come to our aid at the opportune moment, and thus make permanent the improvement in shape made by the forcible correction.—*N. Y. Med. Jour.*, Aug. 6, 1898.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

ANAESTHESIA OF THE MEMBRANA TYMPANI.—A French otologist of repute recommends the following to be applied to the membrana tympani for from three to five minutes prior to surgical intervention, claiming that it produces rapid anaesthesia without much caustic effect:

Rx.—Carbolic acid..... 30 grs.
Muriate of cocain 30 grs.
Menthol 30 grs.

HINTS ON THE MANAGEMENT OF SIMPLE SPASMODIC CROUP.—Dr. John H. Billings, in the *Medical Record* of September 3rd, says that the importance of examining the naso-pharynx in so-called cases of spasmodic croup occurring in children can hardly be overestimated. Out of six cases recently treated, an examination of the naso-pharynx showed that three cases presented enlarged ton-

sils and naso-pharyngeal adenoids, and the other three adenoids only. After removal of the adenoids and tonsils no further attacks were experienced, though the children had previously suffered frequently from attacks of croup.

DIPHTHERIA OF THE EYE—Fifteen cases of diphtheria of the eye are reported by Dr. McCullem in the August number of the *Boston Medical and Surgical Journal*, in all of which antitoxin was used with signal success. Dr. McCullem thinks that the sight in each instance would undoubtedly have been lost except for the heroic use of antitoxin. In some of the cases two thousand units were given as the initial dose, and this was repeated in six or eight hours if there was not marked improvement. He believes that the more concentrated the preparation the better, as the possible danger lies in the amount of fluid and not in the inherent property of the antitoxin.

HEMORRHAGES FOLLOWING TONSILLOTOMY.—Dr. Zimmerman, in the August *Archives of Otolaryngology*, says that tonsillotomy should never be performed in certain constitutional affections, as in hemophilic persons or those who for any reason have a tendency to bleed profusely, or in hypertrophy of the left ventricle. Hemorrhage occurs more frequently in adults than in children. In acute inflammation it should not be performed, hyperemia being present and more tendency to bleeding. After the operation the patient should keep quiet, avoid alcoholics, not use his voice, not travel and not eat solid food for several days. Gargling with cold water is good after the operation, but not for too long a time, as it may aid in the formation of thrombi. In persistent hemorrhage resort to the actual cautery, and if this is not successful grasp the bleeding spot with artery forceps and make torsion. Dr. Zimmerman believes that in all cases of severe bleeding after tonsillotomy the patient should be kept in an erect position so that by the resulting anemia of the brain he is apt to faint, as a spontaneous restraint of the bleeding has been observed in cases in which an attack of syncope occurred.

TREATMENT OF STRABISMUS.—At the July meeting of the Paris Academy of Medicine, Dr. Panas communicated some obser-

vations on this subject. He said that the squinting eye was the one that deviated most from the line of vision. Nevertheless strabismus was only apparently unilateral. If the phenomena accompanying this condition were analyzed in detail it would be found that the strabismus was always bilateral, and if it appeared unilateral that was because the patient only used the eye which was least affected, and in overcoming the deviation of this one exaggerated the obliquity of the other. As for therapeutic measures, Dr. Panas held that as the affection was bilateral there must be a bilateral operation. In 230 cases Dr. Panas performed tenotomy of both internal recti, and stretched them in addition, thus lessening their tendency to over-action. Dr. Panas never performs advancement, finding a simple tenotomy sufficient. In 220 cases he had never seen any over-correction, or, if there was a little, it was only temporary. Of 220 convergent cases of strabismus, he had 190 in which the result was immediately successful. In those which were unsuccessful the result was not over-correction, but under-correction. In ten cases Dr. Panas rectified this by advancement of the antagonistic muscles, and in every case with success.—*London Lancet*.

BOOK REVIEWS.

ATLAS AND EPITOME OF OPERATIVE SURGERY.—By Dr. Otto Zuckerkandl, Privat-docent in the University of Vienna. Authorized translation from the German. Edited by J. Chalmers Da Costa, M. D. Philadelphia. W. B. Saunders, 925 Walnut Street. 1898. Price \$3.00 net. Bound in cloth.

This is a volume of 395 pages, in which is described in a terse and pleasing way the surgical procedures coming within the pale of general surgery. The book is intended for students, and, therefore, those operations usually done on the cadaver by teachers, and which the general practitioner is most often called upon to perform are described in detail, while those rarely done save by the skilled operator are treated concisely.

The illustrations are many and first class. The index is satisfactory. Dr. Da Costa has placed the profession under obligation to him by translating this work into English. P.

ATLAS OF INTERNAL MEDICINE AND CLINICAL DIAGNOSIS.—By Chr. Jacob, of Erlangen. Edited by Augustus A. Eshner, M. D., Professor Clinical Medicine in the Philadelphia Polyclinic. 68 colored plates and 64 illustrations in the text. W. B. Saunders, Philadelphia. 1898. Price \$3.00.

The value of a single good plate is greater than several pages of descriptive text. The impression made is more vivid, clearer, and lasts longer. In this the present work excels. It is essentially a work on clinical diagnosis, and in so far as it confines itself to this subject it is admirable. It is not so full as more pretentious volumes, but it is complete enough for the ordinary practitioner's needs, and it surely is admirably adapted to the hard worked student.

The space devoted to treatment could, we think, have been better utilized by further remarks on diagnosis, as only hints are given which do the student no good, and are not full enough for the practitioner.

The chapter on the diagnosis of heart lesions is remarkably good.

The translation has been well done, and altogether, the work should find a ready sale. B. VanS.

MENTAL AFFECTIONS OF CHILDREN.—By W. W. Ireland, M. D., Edin. Formerly Medical Superintendent of the Scottish Institution for the Education of Imbecile Children, London. J. & A. Churchill, 7 Great Marlborough Street. Philadelphia, P. Blakiston, Sons & Co., 1012 Walnut street. 1898.

If, in this day of many books, a work can be said to "fill a long-felt want," it may truly be said of this. We have had many monographs and essays on various branches of this subject, but we are familiar with no scientific treatise of Idiocy, Imbecility and Insanity from the standpoint of a medical superintendent which compares with this in thoroughness.

The increase in the United States of the number of institutions, both private and public, for the care of this unfortunate class of the community, and the necessity for their life-long intelligent supervision, calls for special training in this department of medicine; and this publication, coming as it does from a recognized authority on these subjects, embodying the accumulated knowledge

acquired by years of intimate association with all classes of these affections, should find a ready market.

It is appalling to one who hopes for the speedy arrival of the day when the only idiots known will be the result of accident, to note that there are probably 140,000 of idiots and imbeciles still practically uncared for in the United States. With this great army still free to breed we may yet continue to build institutions for their care nor hope for the affirmative to the question "as civilization increases, crime diminishes."

Dr. Parker's bill, which was presented to the last session of the Ohio Legislature and defeated, offers the best means of controlling the increase of this class. It provides for a medical board in each county to pass on the fitness of applicants for matrimony. A more effective plan, of course, is asexualization, because all children of idiots are not born in wedlock.

The chapter on the education of idiots contents itself with hints merely. It would seem that we ought to have a thorough exposition of the details of the subject ere long by one competent to do it justice.

We commend this book not only to the general practitioner, to whom these cases are first brought, but also to such of the laity as are interested in philanthropic studies.

B. VanS.

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ECTHOL

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FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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OCTOBER, 1898.

No. 10.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

EXPERT TESTIMONY.

By WM. P. WHERY, M. D., F. R. C. P., LL.D.,

Professor of Hygiene and State Medicine and Emeritus Professor of Gynaecology in the Fort Wayne College of Medicine, Fort Wayne, Ind.

There is a great deal of misapprehension regarding the meaning of "expert." Some confound it with "adept," and make it signify some extraordinary and superlative acquaintance with medical learning. But, in a legal sense, an expert is merely one who practices an art, and consequently possesses an ordinary knowledge of that art, such as a person of no conspicuous skill should possess. An expert, therefore, is not a superior person at all, but merely one of the crowd of practitioners who knows enough to practice his art and to explain its processes to the court.

The reason for this definition is found in the theory of our courts. Judges, jurymen and attorneys are supposed to be totally ignorant of everything that comes before them, except the law. Their minds are, theoretically, perfect blanks, or tabulae rasae, on which the witnesses impress the several facts of the case. For this reason, whenever a question comes up involving a technical matter, the court calls for the testimony of an expert. It may be a sur-

veyor, or a plumber, or a sailor, or a physician, and sometimes a lawyer will be an expert witness regarding the laws of another state or country. Hence the medical expert must not regard himself as raised by his position on the witness stand above his medical brethren, nor as a partisan witness, but merely as an ordinary practitioner who is performing a simple public duty, like any other witness, and whose business it is to enlighten the judge and jury in regard to certain medical matters. It is obvious that the procedure of our courts renders medical experts, or witnesses, indispensable in certain cases. And this being so it is altogether improper and out of place for medical journals or for unsalted lawyers to ridicule and sneer at the medical expert or cast opprobrium upon him and his testimony. Indeed, this tendency to disparage the medical witness is a proof of the ignorance of the legal gentlemen—whether judges or attorneys—who indulge in it. Any physician who has been present at a trial must have been impressed with the crass stupidity and ignorance of the legal profession in regard to things medical. We find judges every day treating physicians as tradesmen, and expecting them to keep books and draw up bills like tradesmen. We find judges cutting down medical fees, even for services involving the saving of valuable lives, and at the same time these judges uphold exorbitant fees of lawyers for the most trifling and formal professional work. But the great stumbling block of the legal mind is its inability to understand what is known as scientific demonstration. The theologian and the jurist depend entirely on authority for their proofs. The lawyer's authorities are the statutes and the dicta of learned or prejudiced judges, or the facts sworn to by witnesses. Of course any medical student knows that there is no such thing recognized in the medical profession, nor, in fact, among scientific men of any description. The argument from authority is senseless and unconvincing. We, as physicians, care nothing for what Hippocrates said, or what Galen said, or what Lister said, or what Senn or Osler say. We do not recognize the authority of their dicta in the same sense as a lawyer bows down before the decision of a judge. We listen with respectful attention to their words, we read their books, we acknowledge them as adepts, but we reserve our liberty of thought and judgment. We are not bound by what they say. It is the inestimable privilege of scientific men to be bound only by demonstrated facts. And each man has a right before accepting a fact to examine the scientific proof by

which it is established. All this is quite incomprehensible to the legal mind. It is astonishing how often we find learned judges who are most erudite lawyers and often very astute politicians, and occasionally well-read in general literature, yet without any conception of scientific proof more than a ten year old school boy.

It is often said that the medical witness makes a sorry spectacle of himself in court. The fact of the matter is that it is the lawyers who act like fools when any medical question is in discussion. If the doctors were as ready to descant on the imbecility of the lawyers as the lawyers are to ridicule the doctors the position of the expert witness would be improved. How often, in fact, how inevitably does one hear in court a lawyer ask a surgical witness, Have you read Gross? What does he write on such a subject? Is he regarded as an authority? and so forth. Now how should such questions be answered? Suppose the witness admits that he has read Gross' Surgery. When he is asked what Gross says, he should not be so foolish as to quote from memory; he should call for the book and read the passage. Then when he is asked if he regards Gross as an authority, he should reply, certainly not. For, remember that the lawyer understands "authority" in the legal sense, as one whose opinion is imperative and binding. No medical witness should fritter away the scientific liberty of his noble profession by admitting that any text book is an authority. We have in the history of medicine numerous examples of medical sects founded on the authoritative system of some plausible author. We have had Galenists and Brunonians, and Homeopaths and Thompsonians, and all the rest. And if we were to accept authorities and, therefore rest in their dicta, and practice according to their directions, there would be no advance or improvement in medicine. The infallible authority would produce stagnation and foster ignorance. It is a thousand times easier to do what an authority prescribes than to reason out a line of treatment for a particular case ourselves. But it is a thousand times worse for medicine as a science to adopt this easy course. In short, the acknowledgment of perpetual or infallible authority is the death of scientific medicine. Medicine is progressive, and the authority of a Harvey, a Hunter, a Sydenham or a Jenner must never be allowed to stand in the way of its advance. No scientific physician can acknowledge that he owes allegiance to any other authority than his own experienced and ripened judgment. It is the business of the state to provide

medical colleges to teach medicine, and these colleges give diplomas that state that the holders have honestly studied the several branches of the science and art. Then these persons are licensed to practice, and as practitioners they are free to select their own authorities and their own methods. Therefore, there may be such a thing as an individual authority in medicine, but there is no such thing as an authority in the legal sense that dominates all professional practice. And it is not fair to say such a treatment is bad practice because Gross or some one else chose to treat a somewhat similar case otherwise. All one can say is, it is not Gross' method. But Gross is only one out of thousands who have an equal right to select a method of treatment. Let us not, therefore, when witnesses betray the true interests of the profession and play into the hands of ignorant but tricky lawyers by ever admitting that there are authorities. Medicine is a republic, in which there is no authority as king.

Another matter of importance to the expert is the hypothetical question. This is an ingeniously contrived trap to catch the witness and make him swear to the very opposite of his belief. As a rule it can be answered negatively and affirmatively at the same time. This question is, like the argument from authority, based upon a lawyer's misconception of science. It is impossible to bind and confine the processes of nature by geometrical axioms and definitions. Yet the hypothetical question assumes that physical processes always follow strict mathematical laws. Every problem in medicine or agriculture can be stated only approximately; there are perturbing influences, often peculiar to the patient himself, of which no foresight can take account. A great many hypothetical questions should not be answered at all; and many of them should not be answered off-hand, without study; and none of them should be answered in a single word. As the question relates to matters of opinion rather than of fact, the witness should have a right to settle its terms, and if they be not clear and indisputable he should have them explained or changed before attempting to answer. He should take an exact copy of it and offer to reply when he has had time to think it over; this being the course invariably adopted by judges and lawyers when any knotty point arises in their practice.

A great deal of fun and sarcasm is made out of the dissensions of doctors. But the proverb, "Doctors differ" was originally applied to doctors of divinity. Of course doctors do represent a variety of opinions. As I said a while ago, doctors have a perfect right to adopt various methods of treatment for similar cases. There is no orthodox line of treatment for any disorder. It is

enough if it be rational and scientific. Hence the disagreements of doctors in consultations, in practice and in the witness box are natural and salutary affairs, and they do not, to any reasonable mind, give occasion for ridicule or opprobrious judgments of the profession. We glory in the liberty of private judgment. And it will be a bad day when our opinions are cut and dried or ready-made for us. When we find a practitioner intolerant we should call him down. I have heard doctors say that anyone who used chloroform instead of ether should be criminally prosecuted. I have heard that anyone who did not use antitoxin in diphtheria was a murderer. And I could mention a number of similar intolerant expressions by which practitioners claim orthodoxy and infallibility for their own methods and would hound the public to suits of malpractice against their professional brethren. Let us agree to differ. Let us recognize that others have as much right to hold strongly to a certain medical opinion as we have ourselves. Let us not be too ready to think another doctor is wrong because he has methods that we do not prefer. It is his right, and freemen can recognize the mutual rights of freemen. Therefore there is nothing to worry about if doctors, like other people, do occasionally disagree. It would be a bad business if there were no discussion and no independent medical opinion. However, in the courts there are occasionally presented regrettable instances of medical disagreement. We often see medical witnesses who are not, properly speaking, experts, but are really medical advocates. They are retained as such by one party or the other in the cause, and it is their business to help the side that fees them. They are not discreditable, except they pose as impartial. A doctor has as good a right to be a partisan as a lawyer, and when it is understood that certain medical witnesses are partisans rather than experts their testimony can be properly valued. These medical advocates pitted against each other, of course show how every case is many sided, and they often display great acumen and great erudition that eventually lead to an advance in medical science. We should not decry the medical partisan, nor the medical expert, nor confound one with the other. Each has its origin in the constitution of our courts of justice, and each is an aid to what is called the administration of justice. And all that need be added is that the medical expert and the medical advocate should claim to be paid according to their value as witnesses, and not as tradesmen, but as members of a high and learned profession.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of September:

	Cases.	Deaths
Diphtheria (including Membranous Croup).....	7	1
Scarlet Fever ..	1	0
Measles	0	0
Typhoid Fever	11	4
Tuberculosis	not rep	4
Cerebro-Spinal Meningitis.....	4	4
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	1	1
Total deaths from all causes.....		51

CORRECTION OF MODERATE ERRORS OF REFRACTION.

At the Denver meeting of the American Medical Association Dr. George M. Gould, of Philadelphia, reported a case in which subconjunctival hemorrhages, recurring every ten days or two weeks over a prolonged period, was completely cured by the adjustment of one quarter dioptre cylinders when all other treatment administered by other competent oculists and general practitioners had failed to give relief. General disease of any marked type was excluded by thorough examination, the family and personal history was above reproach, the muscular coordinations of the eyes were as perfect as they could be, and by all non-mydriatic tests both eyes were absolutely emmetropic. In fact several well known oculists of position and experience had pronounced the eyes "mathematically perfect."

Dr. Gould followed the rule "no mydriasis, no diagnosis of refraction" and "perfect visual acuity is no proof of the non-existence of an error of refraction," but under thorough and painstaking examination found an error so insignificant that it seemed useless to correct it. However, the glasses were ordered, and several months later the patient reported that with no other treatment there had been no recurrence of hemorrhages and a previous discomfort entirely relieved.

Hypnotism or autosuggestion could be excluded, for the patient not only left in disgust but frankly stated that he was sure the diagnosis was an utter mistake. The glasses were undoubtedly worn under protest and the patient convinced of their value against his will.

In conclusion Dr. Gould says that infinitesimals must often be considered if satisfactory results are to be secured. Corrections of make and accuracy of adjustment of glasses, methods of wear and non-use, habits and peculiarities of eye work, suddenness of refractive changes, intercurrent general disease and many other questions of seeming unimportance must be taken into consideration before we can make an emphatic statement that "glasses are of no benefit" when but slight errors are discovered.

Dr. Gould says in conclusion: "A very slight uncorrected error of refraction may be the cause of strange and serious reflexes and results, and this is especially true if it be unsymmetrical astig-

matism, and still more surely if it is a low-degree myopic astigmatism, in which there are no means of escape by blunting into amblyopia, or by shunting into heterophoria, and no possibility of ciliary-muscle contraction overcoming the defect.

"Low-grade myopic astigmatisms are hard to diagnose, and are in practice too commonly overlooked and neglected, although they must be as common relatively as hyperopic varieties.

"It is only by the mydriatic, combined with infinite patience, delicacy and skill, that such astigmatisms are correctly diagnosed. Perfect visual acuity is no disproof of coexisting ametropia.

"The mydriatic is more necessary in presbyopia than previously. All text-books and teaching is wrong in this. Precisely when the compensatory mechanism is being narrowed by presbyopia, is then the greatest need of accuracy in the correction of the smallest degrees of anisometropia and astigmatism. Then, also, the vital powers are failing and the cataract age is nearing, so that precision in refraction is doubly and trebly imperative. Presbyopia is always relative, never absolute, particularly if proper glasses have not been worn during many previous years. Without a mydriatic there is no accurate estimate of errors of refraction, and between the ages of 40 and 55 the estimate should be painstaking to the uttermost degree, especially if any suspicious reflexes exist.

"Absolute emmetropia, 'a mathematically perfect pair of eyes,' does not, I believe, exist. A perfect leaf has not been found, nor absolute symmetry in any organic thing. The report of perfect emmetropia is a confession of negligence and unskillfulness. I have made such reports myself and can therefore speak dogmatically. If such a diagnosis has been made without a mydriatic the negligence deserves a much harsher naming.

"And even if there were such a mathematically perfect pair of eyes, I can easily imagine circumstances in which the use of such eyes might be the cause of morbid results. As othophoria is always a disease, so emmetropia, in a seamstress or in almost any hard-pushed eye worker, in a neurasthenic, in a heterophoric, or in a presbyope, may functionally be a disease and require correction by glasses. Emmetropia is nature's unrealized ideal for the animal, savage, and primitive man. A low-degree simple myopia, alike in both eyes, is the desideratum of the slave of civilization."

All this is in accord with the experience and advocacy of the writer, and is particularly pleasing to us, coming as it does from a

man of such extended experience and observation, as well as occupying a prominent position among ophthalmologists.

In a paper presented before a prominent ophthalmological association about two years ago the writer contended that many symptoms which brought patients to the ophthalmologist for relief could be successfully traced to the effects of *moderate* errors of refraction (even as low as one quarter dioptré) and that best results, with justice to both patient and physician, could not be obtained except by recognition of these slight errors and giving them proper correction. In the same paper the invariable use of a mydriatic in refraction work was advocated. The arguments did not meet with general approval, and it seemed to be the general sense of those present at the meeting that a glass of less than one dioptré was of "doubtful utility." It is, therefore, a sense of gratification to know that not only Dr. Gould, but other ophthalmologists of position and large experience have recently set their seal of approval on the subject of prescribing weak lenses in certain cases.

The value of weak spherical or cylindrical lenses is best attested by those who use them, and an abundance of evidence can be brought forward to prove that even a quarter dioptré lens in some cases has been sufficient to relieve patients from very distressing symptoms, even after other treatment has been tried in vain.

It is admitted that not every case of error of refraction demands correction by properly adjusted glasses, for each case must be carefully studied and due discrimination used. To dogmatically assert that a lens of one quarter or one half dioptré is of mythical value is to confess to a lack of knowledge of all that goes to make up what is popularly termed "eye strain" with its attending numerous and varied manifestations.

The limitations of the use of weak lenses will principally depend upon:

1. OCCUPATION.—Close application to any work demanding high acuity of vision tends to exhaust the reserve accommodative power and bring on direct or indirect symptoms of eye-strain, and but moderate refractive errors are necessary in some instances to produce trouble. Engravers, draughtsmen, decorative painters, seamstresses, etc., are examples.

2: TEMPERAMENT.—The nervous individual is more susceptible to the influence of slight irregularities in vision than the phlegmatic. Many seamstresses, lady stenographers, china decorators, etc., belong to this class.

3. ENVIRONMENT.—Individuals following occupations that demand excessive use of the eyes in poorly lighted rooms—as inside office work—or who work wholly by artificial light, or work about objects which give much reflection are particularly apt to feel the influence of moderate accommodative errors. To this class belong certain book-keepers, newspaper men, type-setters and students.

4. HEALTH.—Any impairment of health generally has its debilitating effect upon the eye muscles and hence many convalescents or semi-invalids, even with but moderate errors of refraction, in attempting to pass the time by reading, soon discover symptoms of “eye-strain” which in many instances may be relieved by properly adjusted glasses. Consumptives, victims of spinal lesions, and others with similar constitutional debilities come under this division.

While no definite rules can be formulated to govern the ophthalmologist in prescribing glasses, it may be safely said that frequently the correction of comparatively insignificant errors of refraction will alone produce the sense of comfort and relief desired by the patient, and the physician who neglects to take advantage of this fact neither does justice to himself or to those who demand his professional services.

A. E. B.

PENSIONS FOR SOLDIERS OF THE SPANISH-AMERICAN WAR.

Much comment is at present indulged in by the soldiers who participated in the late Spanish-American War regarding the manner in which they are being mustered out of service. Each soldier, before receiving his discharge, must undergo a thorough medical examination, a complete history of such soldier, dating from the time of entering the service until his discharge, being retained by the government. This history will embrace a description of the man, including age, weight, color, physical condition, and other points pertaining to health both before and at the time of entering service. It will also include a complete record of wounds, illnesses and other debilitating effects occurring while in the service and the actual condition at time of discharge.

At first thought it would seem that this is an unnecessary and useless procedure, but when it is taken into consideration that each

and every soldier of the late war may sooner or later become an applicant for pension it can be readily understood that this method of mustering out furnishes the means of checking such wholesale deception and fraud as has characterized the matter of pensions dependent upon service in the War of the Rebellion. If the government had been as painstaking in securing complete records of the soldiers of the Civil War as it will be in securing records of the soldiers of the Spanish-American War, millions of dollars would have been saved and notorious pension frauds, associated with the inevitable political trickery which such a loose system engenders, would not have occurred.

The question of pensions is one that should receive the attention that it deserves, and while the government should provide liberally for those who have suffered and are suffering in direct consequence of military service in defense of the country, it is, on the other hand, justly a necessity to protect the government from the misrepresentation and deception which has made it possible for the soldiers of the Civil War to secure undeserved recognition and entailed such a financial outlay that we stand appalled at its magnitude. Political parties realize that the evil is deserving of consideration with a view of checking it, but so great is the desire to keep in touch with the soldier vote that neither person nor party can be induced to take a step towards remedying the evil.

Our experiences would be duplicated if we failed to take the precautions which the war department have already set in motion in mustering out the soldiers of the Spanish-American War. The people will be grateful for the precaution. A. E. B.

PRESIDENT McKINLEY'S INVESTIGATING COMMITTEE.

After all that has been said regarding incompetence in the army and mismanagement of war affairs, magnified many fold by an unscrupulous, prejudiced and sensation-distributing press, it is a sense of relief to know that the President, as well as many of his subordinates who are effected by the criticisms, has insisted upon a thorough and impartial investigation and has appointed a committee for the purpose. The various charges of mismanagement and incompetency made by certain newspapers and individuals.

will be fully considered, and an attempt made to establish the truth or falsity of such reports.

The personnel of the committee, selected as it has been without regard to political or personal preference but with a view to establish facts and pass intelligent judgment thereon, should meet with the approval of the people. No honest citizen can believe that President McKinley has other than a desire to have a thorough investigation, and the impartial and unprejudiced manner in which he has selected his committee and given instructions for its work is sufficient guarantee of sincerity, but many, like ourselves, have doubts as to the possibility of this committee being able to go to the bottom of all questions that will come up before it, owing to lack of authority to force testimony that otherwise will be concealed.

We have every reason to believe that no favors will be shown by the committee, and that in the performance of their duty there will be no desire nor action that will savor of "white-washing," but unless the committee has power to exact sworn testimony from any and every source the work will necessarily end in failure, as far as true investigation goes, and the verdict prove unsatisfactory to the people.

We believe now as at first that mistakes have been made, and that there is no question but that in the selection of officials and delegation of work unwise moves have been made, but we consider these unfortunate affairs due to the circumstances attending the war and not, as the sensational and partisan press would have us believe, due to disregard of rules governing good army management or to political spoils system. The people, aided by that portion of the press which is now most bitter in its condemnation of war management, clamored for more haste in the war preparations and attack upon the enemy. No consideration was given the subject of our total lack of preparation for war, and it did not seem to enter into the minds of the critics that to raise an army and equip it from officers down to rations and hospital facilities and have it effective is a feat that if accomplished in years instead of weeks would be creditable. No wonder then that lack of system such as governs established and seasoned armies was lacking, that conflict of authority existed, that false moves through lack of experience should be made, and that provision for every exigency of war was not made.

We know that the medical department of the army was in many

instances hampered by lack of facilities and time for proper organization. In some notable instances the number of medical men delegated to care for the sick and wounded was not equal to the demand, and in consequence privation and suffering which otherwise would have been avoided occurred, though this cannot be attributed to incompetency of the medical department.

The invariable reports from medical officers of rank is that the work of the surgeons and nurses, both in the hospitals and field, was above reproach, and any inefficiency that may have existed is due to the system under which they worked rather than lack of ability or inattention to duty. Most of the reports charging maltreatment or neglect on the part of the medical officers have been the grossest fabrications, and if any contained a grain of truth they have been magnified a thousand fold.

We fully believe, as has been stated by Dr. Senn, that disregard of the advice and caution of medical officers was responsible for much of the suffering in Cuba, and though ever so brave and efficient a commander General Shafter deserves severe condemnation for his total disregard of the advice of the chief medical officers of his command when he plunged into the Santiago campaign without the precaution and preparation for the health and comfort of his soldiers which a slight delay, a little work and the exercise of well known sanitary rules would have made possible.

True it is that the newspapers and people who are now most bitter in their criticisms of the Santiago campaign are the ones who also complained of what they called unnecessary delay in forcing the campaign. Even while the army was waiting for the unloading of siege guns, ammunition and supplies, certain "yellow journals" were crying for either the advance of the army on Santiago or the withdrawal of General Shafter. These complaints, however, like the senseless and harmless barkings of a puppy dog, should have received no notice, though it would seem that General Shafter or his superiors gave more attention to such idiotic and unreasonable criticism than to the well-founded advice of medical men who foresaw overwhelming disaster if the more important rules of hygiene and sanitation were not obeyed.

We believe the investigating committee will find the errors of commission and omission due largely to inexperience which could scarcely be avoided in a system founded upon the mistaken idea that being a peaceable nation, the possibilities of our engaging in

war are remote, and therefore but little attention need be given to the science and art of war, a policy that seems to have at last taught us a lesson, which, had the foe been stronger, would have proved far more costly than it was.

If the investigating committee accomplishes nothing more than point out definitely the errors in our system of volunteer army organization, and the insane folly of attempting to successfully accomplish in a few weeks what should take months of time, and be supplemented by a respectable sized, well drilled and equipped standing army, then we will have paved the way for active intervention by Congress tending to the complete reorganization of our war department, and particularly the medical branch of that department which is in such sore need of it.

A. E. B.

SOME STARTLING FACTS REGARDING THE AUTHORITY OF MEDICINAL PREPARATIONS.

In the year 1817 the New York County Medical Society adopted a plan for the formation of a committee whose object it should be to formulate a standard work on pharmaceutical preparations, the title of this publication to be a "National Pharmacopoeia."

Previous to this time the English, French and German Pharmacopoeias were used as authorities, but it soon became apparent that, with the growing interest in our own medical science and its allied branches, the United States must supply itself with a standard work more suited to the requirements of our rapidly growing nation.

The result of this conference was that letters were addressed to the various medical institutions, asking them to select a delegate to represent their interests at a meeting to be held at Washington on January 1st, 1820. Twenty delegates were present at this meeting, and, after considerable hard work, adopted the outlines of a Pharmacopoeia previously arranged by a general committee.

The first National Pharmacopoeia was published at Boston, Mass., in December, 1820. Since then a new revision has been published and issued every ten years, and within the next three months a call will be issued to all medical societies, medical colleges, colleges of pharmacy, and other institutions of similar character to ap-

point a delegate to represent them at a meeting to be held in Washington, D. C., in May, 1900.

From the writer's experience, the National Pharmacopoeia falls far from the destination it was supposed to fill. In the first place, it lacks the authority of this government, which in itself is a drawback to its usefulness. France, Germany, England and other European countries control and support their Pharmacopoeia. In these countries it is an authority both to the pharmacist and medical practitioners. In this country the U. S. Pharmacopoeia is recognized by most pharmacists not as an authority but as a book of reference.

Secondly, the Pharmacopoeia is not generally found in the libraries of the busy practitioners, thus again showing the lack of interest the work merits.

Unless the Pharmacopoeia of the United States receives the stamp of approval by the government, and will be considered legal authority on drugs and medicinal preparations it will not command the respect and support given to similar Pharmacopoeias in other countries.

To the lack of governmental authority can be attributed more than to any other cause the failure of the medical profession to recognize the importance of this work in their colleges and in their daily practice.

A hasty glance over the prescription files in the pharmacies of this country, east, west, north and south, will reveal to us the great demand for a recognized authority of medicines and medicinal preparations.

Manufacturers of medicinal compounds are not slow to recognize the fact that beyond the teachings of authors on *materia medica*, the average physician is unacquainted with the elegant preparations of the Pharmacopoeia and National Formulary, and consequently falls an easy prey to the well-worded, elegantly prepared and dispensed semi-proprietary nostrums.

The time is now at hand when men should be sent to this convention whose aim and object it will be to bring this matter before the National Congress and Senate, with a view of making the Pharmacopoeia a national authority of which every physician and pharmacist may justly feel proud.

W. O. G.

NEWS NOTES AND COMMENTS

We are pleased to note that Dr. W. W. Keen, of Philadelphia, and Dr. P. S. Conner, of Cincinnati, have been appointed by the President as members of the war-inquiry commission.

Prof. Virchow will deliver the next Huxley lecture at Charing Cross Hospital, London, in October. It is proposed to give a dinner in his honor at which Lord Lister will preside.

A new publication which bids for the approval of the medical profession is the *South African Journal of Health*, published at Cape Town. It is to be hoped that there will be found in far off Africa enough medical men who will support a publication of this character.

The legislature of Texas will, at its coming session, have presented for action a bill to regulate the practice of medicine within the state. The bill, which was unanimously adopted at the recent session of the Texas State Medical Association, provides for the appointment by the Governor of three boards of medical examiners, regular, homeopathic and eclectic, consisting of seven members each. It also provides for the examination of midwives.

Salicylic acid is largely used as a preservative of milk, infant foods, etc., and the health boards throughout the United States will sooner or later be called upon to take consideration of this gradually increasing form of food adulteration and poisoning. At Trenton, N. J., the poisoning of several infants was directly traced to salic acid, which had been put into the milk. In many other cities throughout the Union much sickness in infants has been thought to occur in consequence of this method of preserving milk and fruit.

We hope that the food laws of the various states will be so amended that contamination of the food by salicylic acid will be punished by fine.

We learn from the *Public Health Journal* for August that "liquid-air presents surprising possibilities as a medicine. A Russian physician has already begun to experiment with it. He placed a dog in a room with the temperature lowered, as stated in *London Engineering*, to a hundred degrees below zero. After ten hours the dog was taken out alive, and with an enormous appetite. The physician tried the test on himself. After ten hours' confinement in an atmosphere of still, dry cold, his system was intensely stimulated. So much combustion had been required to keep warm that an intense appetite was created. The process was continued on the man and the dog, and both grew speedily fat and vigorous. It was like a visit to a bracing northern climate." When will liquid air cocktails be available?—*N. Y. Med. Jour.*

Removal of the entire stomach with satisfactory results is reported by Dr. McDonald in the *Journal of the American Medical Association*, of September 3rd. The operation was performed in consequence of carcinoma of the pylorus. The ends of the oesophagus and duodenum were brought together and a large Murphy's button was inserted, reinforced by sutures of fine silk. Hemorrhage from the omentum, duodenum and oesophagus was prevented by ligature and clamps. The abdomen was closed in the usual manner. The wound was healed on the eighth day, having closed by primary union. The button was passed on the eighteenth day. One month after the operation the patient slipped out of the hospital without permission and went shopping. He was found and brought back and remained until six weeks after the operation, when he left the hospital feeling well and in increased weight. At the time of the report he was in satisfactory condition.

We have recently received a communication asking for advertising rates in the JOURNAL-MAGAZINE, copy being submitted and payment in advance offered. The "ad." goes on to say that the degree of M. D. can be lawfully conferred at home upon any un-

dergraduate practitioners furnishing sworn statements from the county officers certifying that they have practiced medicine successfully for years. It also asserts that students attending the medical college advertised may be graduated when competent, *independent of the short length of time attending*. As a bait it is asserted that the "ad." appears in the *Medical Brief*, of St. Louis.

We have only to add that the *Medical Brief* must be unusually anxious to secure advertising contracts if they will insert such an "ad." as that offered us.

In a letter to the *Journal of the American Medical Association*, under date of September 1st, Dr. J. L. Short, of Rolla, Mo., in commenting upon a bill recently passed by the Missouri State Legislature entitled "An Act to Regulate the Practice of the Science and Healing of Diseases and Injuries Without the Use of Drugs, Known as Osteopathy," he says that so long as a rigid code of ethics prevents educated and honest physicians, who strive more to get knowledge of how to relieve the sick than they do to accumulate wealth, from using the newspapers for the purpose of enlightening the people, quackery will have the advantage, for the people who can read will read and they will read such things as they find in the newspapers. When only one side of the question is brought publicly to the attention of the people, that one side will profit by the prominence given, and for want of one word of truth from the physician, which can explode one hundred words of false theory when properly applied, quackery predominates and flourishes. As a method to subdue quackery Dr. Short proposes that every physician in each county in the state require his candidate for the legislature to promise that he will vote against all forms of quackery and humbuggery, and that he will vote as advised by the leading physicians of his county and district on all subjects pertaining to medicine and surgery. This promise should be required irrespective of party affiliation, and party prejudices should never be so strong as to allow a physician to ever vote for any man who has supported quackery or is likely to do so.

If all reports are true H. K. Mulford & Co., of Philadelphia, manufacturers of antitoxin, are guilty of a breach of the unwritten ethics prevailing among reputable manufacturing pharmacists, by

changing the wording of the report on antitoxin by the former president of the California State Board of Health so that it would appear that the board not only recommended but principally used the antitoxin manufactured at the laboratory of H. K. Mulford & Co., when in reality the firm that was mentioned was Parke, Davis & Co., of Detroit, Michigan. The report as made by Dr. J. H. Davisson, ex-president of the California State Board of Health, is quoted word for word with the one exception that where the firm of Parke, Davis & Co. was referred to the name of H. K. Mulford Company had been substituted.

In a letter to the *Journal of the American Medical Association* Dr. Davisson calls the Mulford Company to account and says that in the only report which he made upon antitoxin while a member of the California State Board he did not have occasion to mention the Mulford product, and he, therefore, makes the explanation in order that he may not be placed in a false light before his confreres to satisfy the mercenary ends of any over-zealous firm. In answer to the communication the Mulford Company state that the printer made a mistake in not enclosing the part of the statement which refers to the Mulford Company in brackets, showing that no forgery was attempted. This lame explanation is not accepted by the present board, as the following letter recently issued by the board will indicate:

San Francisco, July 12, 1898.

Whereas, It has come to our knowledge that in the official report made by Dr. J. E. Davisson, Ex-President of the State Board of Health of California, he made favorable mention of the Anti-Diphtheritic Serum manufactured by Parke, Davis & Co.; and

Whereas, We find that the H. K. Mulford Co. have seen fit to appropriate this report, substituting the name of H. K. Mulford Co. for that of the aforesaid Parke, Davis & Co.;

Therefore, Resolved; That this Board deprecates such conduct on the part of H. K. Mulford Co. inasmuch as their act amounts to a falsification of our records.

I hereby certify that the above is a copy of a resolution adopted by the State Board of Health of California at a meeting held in San Francisco, July 12, 1898.

W. P. MATHEWS,
Secretary.

In the *New York Medical Journal* of September 17th is a comment upon the article appearing in the *Boston Medical and Surgical Journal* of September 1st, upon the responsibility of the condition of our soldiers, which will bear repetition. The latter journal says that Congress is guilty of a not inconsiderable share of the re-

sponsibility for the evils which have occurred. Surgeon General Sternberg, in a letter to the *Army and Navy Journal*, published recently, stated that he begged and implored Congress to give him power to increase the medical corps of the army to a real war footing, and that one of the last acts of that body previous to its adjournment was to reject the project he had drawn up with great care. Had he been given the power he asked for he believes he could have made such an expansion of the medical service of the army that much suffering and great expenditures would have been prevented.

The editor says that "It is as important to get at the truth as to get at Alger." The policy which has been for thirty years persisted in by Congress, of maintaining the army on the smallest possible footing, and grudging the expenditure of a dollar to increase its numbers or efficiency, will be found to be largely responsible for the present unfortunate conditions. Our national policy of continuing in time of peace as if we were never going to need an army has, it is to be hoped, received its death blow. Unless we can feel assured that we as a nation shall in the future have to undertake no further wars of humanity, it would be well for us to remember in time of peace to prepare for war. Then if war again becomes inevitable, we shall have a war department adequate to the care of large bodies of troops, one to which problems of transportation, supplies and medical care shall be comparatively simple, and by which sanitation as applied to large bodies of troops is thoroughly understood. We shall also have an army equipped and disciplined for immediate service, and not be compelled to resort to the hasty, ineffectual, expensive and fatal necessity of hastily equipping and organizing volunteers. It is the regulars who win the battles, in this as in every country, while the volunteers often unfairly come in for the lion's share of glory and public sympathy. The soldier is more than a mere fighter; to be of any good he must be a technically scientific fighter; and this applies especially to the superior officers. The recent splendid achievement of Sir Herbert Kitchener in the Soudan shows what can be done by a military scientist. Here was a large force operating in a desert country as evil in one way as Cuba in another, landed with practically no casualties or sickness at the fighting point; and fierce as the fighting undoubtedly was, the British loss was insignificant, while that of the Arabs was enormous. Moreover, in the midst of the desert the medical

arrangements worked to perfection. Why? Because Sir Herbert Kitchener and his staff knew that questions of camp sanitation, personal hygiene, and care of his men, even such details as investigating the condition of their shoes, the proper time to rest, the safe amount of marching, the need of carriers and attendants, etc., are as much a part of the soldier's training and duty as personal courage, discipline, and tactical skill on the field of battle.

The war letters of the well known surgeon, Dr. Senn, of Chicago, which have been numerous and published in the various medical journals throughout the country, have contained a large mass of information touching upon the work of the medical department in the Spanish-American War, and have been read with intense interest by all classes of physicians. Dr. Senn is not only an able but fearless writer, and he has not hesitated to state actual facts touching upon the conduct of medical officers and others who have been or are in service in the American army. Dr. Senn unequivocally states that the responsibility for many of the privations and suffering of the troops does not rest with the medical department as much as with the army officers in charge, who totally disregard most of the advice of the medical officers with reference to rules of health and sanitation.

In speaking of the extent of yellow fever existing among the troops after being but a few weeks in Cuba, he says that there was no difficulty in tracing the disease to a total lack of precaution on the part of the general in command. Before the army left Tampa, Colonel Greenleaf, chief surgeon in charge, had given his directions and advice, but they were not heeded, and owing to want of co-operation on the part of General Shafter the medical officers found themselves powerless in preventing and combating the dreaded disease. The many recent graves in Cuba containing the remains of the victims of this disease are the best proof of what will happen when the leader of an army ignores the health and comfort of his men. In planning the Porto Rican invasion General Miles availed himself of the invaluable services of his chief surgeon. From experience and personal observations he recognized the fact that the unavoidable privations incident to warfare are multiplied many times when the seat of war is a strange and remote country presenting a climate and environments unaccustomed to by the invad-

ing force. He, therefore, not only sought the advice of a medical adviser but followed out the instructions given, and in consequence the Porto Rico campaign was conducted upon the most humane principles, and although no great battles were fought, victory upon victory followed the footsteps of our army, and in less than three weeks our flag floated over three of the largest cities of the island. General Miles was well aware of the depressing effects of the tropical climate on the unseasoned troops, and of the necessity of resorting to timely and efficient precautions in preventing disease. The result was that the army remained singularly exempt from disease with the exception of typhoid fever and the effects of heat, both beyond the control of the medical officers. In the case of typhoid fever it was Dr. Senn's opinion that the disease was contracted in every instance before leaving the camps in the United States, and but for this fact the Porto Rico army would have come out of the campaign with a minimum amount of sickness and death from the fevers which ravished the American and Cuban camps. Dr. Senn pays a glowing tribute to the indefatigable labors and unexcelled work of Colonel Chas. R. Greenleaf, chief surgeon of the army in the field, and to General Miles, who so sensibly availed himself and profited by every counsel which had for its object the lessening of suffering and loss of life in his army.

The Bulletin of Pharmacy for October contains an interesting article upon "The Extortions of Foreign Manufacturers," which points out some of the errors in our patent laws. The following prices tell the story of the unmitigated extortion to which the general public, the drug trade and the medical profession of America have been subjected for nearly two decades:

	Canada.	U. S.
Phenacetine	\$0.25	\$1.00
Sulfonal.....	0.30	1.35
Trional.....	0.90	1.50

"This list of three drugs, be it remembered, represents only an insignificant and paltry fraction of the patented synthetic chemicals which have been poured in upon the American market chiefly by German manufacturers. A complete list would easily cover two or three of our pages, and in nearly every case the same glaring disparity prevails between the moderate prices ruling in Germany,

France, England and Canada, and the outrageously extortionate prices imposed upon the same articles in the United States. It would be very easy to compile a considerable list of medicinal synthetics representing the more popular chemicals which emanate principally from German laboratories; and it fairly staggers one to think of the millions upon millions of dollars which have been wrung out of the American consumer by the foreign manufacturers. Checked in their greed by the wise and judicious laws prevailing in their own countries, the foreign brood have made the most of our generous, our criminally indulgent, patent laws, and have flung themselves upon their American prey with a voracity limited only by the endurance of their victims.

In Germany and France (substantially, also, in England and Canada) the law accords no exclusive monopolies in any food product or remedial substance. Recognizing the claims of suffering, disease and poverty, the German law wisely removes foods and medicines from the category of patentable products, bestowing upon the inventor of a new remedy exclusive property solely in his process of manufacture, but not in the substance itself, nor in its name. The name adopted for the new remedy, coined or fanciful, remains free to all; the same substance may be manufactured by any different process; and the inventor's property is restricted wholly to the particular method which he elaborated. This, and only this, is the measure of his protection.

In the United States the law permits this foreign inventor to secure privileges and monopolies which he would not even dream of soliciting in his native land. In other words, our laws confer upon the inventors of new medicinal substances, such as phenacetine, an odious, ironclad, permanent and threefold monopoly.

They grant a patent on the process.

They accord a patent on the substance itself—on its chemical composition—on its very identity.

They permit the registering of the name, rendering the latter exclusive property of the manufacturer for all time.

The same product, according to our American law, may not be manufactured by a different process even though offered for sale under a different name. Name, process, product—all are monopolized and held far beyond the reach of honest competition.

This explains the table of prices at the beginning of these comments, and throws a flood of light on the evils begotten and nurtured of unwise legislation."

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine. Fort Wayne, Ind.

THE ASSIMILATION OF IRON FROM CEREALS.—Professor Bunge, of Basel (*Zeitschrift für Physiologische Chemie*, XXV, 1, 2, *Wiener Klinische Wochenschrift*, August 11, 1898) finds that iron of cereal grains is contained mostly in the bran. To ascertain the assimilability of this bran iron, he fed four young rats with white bread and four others with bran bread. The experiment was continued for two months, two rats being killed and examined at various intervals. The smallest amount of haemoglobin found in the blood of the bran-fed rats was always greater than the largest amount in the blood of the other rats. Moreover, the bran-fed rats grew faster than the others.

TUBERCULOSIS OF THE LUNGS.—Dr. Landon B. Edwards, Professor of Practice of Medicine, University College of Medicine, Richmond, Va., reports in Vol. 53, No. 15 *New York Medical Record*, 35 cases of tuberculosis of the lungs treated by serum with 11 total recoveries, and by recovery he means, disappearance of bacilli, healthy respiratory action, chest expansion increased from one to two and a half inches, flesh increased to normal, and that the patients look well, and according to physical signs and symptoms are well. He notes other patients improving, and states that the record is greatly better than he ever obtained with any other treatment than serum; that he had used no other serum than Paquin's, of St. Louis.

MASSAGE FOR THE RELIEF OF PAIN.—In a recent number of the *Dietetic and Hygienic Gazette*, Dr. G. H. Patchen discusses mechanical massage in a very interesting manner. In speaking of the relief of pains he says, "Rapid massage radically abolishes both the pain and its causes in either and all of the following ways:

By removing congestion and inflammation, and restoring freedom to the circulation.

By destroying by oxidation all noxious impurities in the blood.

By increasing the activity, nutrition, and power of the muscles, and proportionately diminishing the same conditions which are in excess in the nerves, until a normal state of equilibrium between these respective organs in regard to power and nutrition is reached.

The next, and concluding paper, will be devoted to a report of cases treated exclusively by mechanical massage.

A REMEDY FOR THE OPIUM HABIT.—"In an unclassified plant, probably indigenous to the Everglades of Florida, exists one of the most perfect antidotes extant for the various forms of the morphine habit. It is known by the name of husa, and is of a dirty whitish green color, about two or three inches long. It has at its summit a ball-like white formation. Where the flower should be, this is hard, slightly lobulated, and it is to all appearances like a small cauliflower. It grows in clumps in moist, shady places, particularly on the hammocks at the roots of the cabbage palms. It is of a low order of plants, above the mosses; it is, I believe, a cryptogam. It is possibly indigenous to the Everglades, for I hunted for it in vain in many large hammocks in Florida. From Dr. McGregor I learned that it is a perfect antidote for narcotic poisons. It is the most diffusible stimulant known, acting immediately. I have subjected the plant to various tests, and found it an infallible cure for the opium habit. It takes the place of opium or morphine. Supporting the patient fully, it is a sedative but not narcotic. It produces slight elation, but no somnolent effect. To use the illustration of one physician who cured himself of the opium habit with it, a habit of twenty-three years' standing, one who was using forty grains of morphine sulphate daily. 'It makes a man feel just as easy and comfortable as one feels after a satisfying meal.' As soon as I learned its properties I sent some of the husa plant to several doctors I knew who used morphine; they, one and all, pronounced it 'a perfect success.' I have never known of a failure when the patient

wanted to be cured. In the hands of a careful physician, this remedy will be found efficient in the worst cases of drug addiction."—W. W. Winthrop, M. D., in the *Texas Courier-Record of Medicine*.

THE SERUM DIAGNOSIS OF ENTERIC FEVER.—Levy and Gisler (*Munchener Medicinische Wochenschrift*, Dec. 14, 1897) contribute to the value of Widal's test as applied to one hundred and fifteen cases occurring during an epidemic of typhoid fever. Of the one hundred and fifteen cases, one hundred and five presented the clinical characteristics of the disease; the remaining ten did not.

The danger of pseudo-agglutination is averted by employing typhoid bouillon culture not older than ten or twelve hours. The investigators prefer fluid serum to dry blood. Two hours is sufficient time for observation. Great value is added to the work from the fact that the clinical and bacteriological investigations were carried on independently and the results compared later. In two cases the evidence was of unusual value, and the diagnosis was between typhoid and puerperal fever. In one case the patient had been ill for fourteen days, and the Widal's test was positive. Post-mortem examination showed puerperal endometritis and the lesions of typhoid fever. In the other case the patient was admitted to the hospital with diagnosis of typhoid fever; but Widal's test was negative. Necropsy showed puerperal endometritis, with none of the lesions of typhoid fever.

The reaction was positive in all of the cases presenting characteristic symptoms of typhoid. The details of the cases are shown in a table. Of eighteen cases examined in the first week, the reaction was positive in ten. Of the remaining eight, three gave the reaction later, and five were not typhoid. Of twenty-six examined in the second week, the reaction was positive in twenty-two. Subsequent developments showed that the remaining four were not typhoid. Of twenty-six examined in the third week of illness, the test was positive in twenty-four; the remaining two proved not to be typhoid. Sixteen cases were examined in the fourth, thirteen in the fifth, seven in the sixth, ten in the seventh, and five in the eighth week, all giving positive reaction. The characteristic clinical picture of typhoid was present in each case.

TWO CASES OF ACUTE ASCENDING PARALYSIS, WITH AUTOPSY.—John Jenks Thomas reports two cases of acute ascending paraly-

sis, in each of which autopsy was made. The first patient was an unmarried female, 36 years old, who gave a family history of tuberculosis and of nervous disease. The patient had suffered from several infectious diseases, including diphtheria and scarlet fever; she had also been subjected to severe nervous shock; and she was subject to severe attacks of indigestion. After death careful microscopic examination of the nervous system revealed the following conditions: (1). Acute inflammatory degeneration of the anterior horns of the gray matter of the spinal cord, with parenchymatous degeneration of the nerve-cells and processes. (2). Infiltration of the perivascular lymph-spaces, and dilatation about the vessels of the anterior horns. (3). Moderate infiltration about the vessels of the posterior horns and of the white matter of the cord. (4). Slight parenchymatous degeneration of the posterior nerve-fibres of the white matter of the cord. (5). Slight degeneration of the posterior nerve-roots and marked degeneration of the anterior nerve-roots. (6). Parenchymatous degeneration and perivascular infiltration of the peripheral nerves. (7). Absence of micro-organisms in sections and cultures. The second patient was an Italian, 35 years old, and a laborer by occupation. The family and personal history threw no light upon the etiology. Microscopic examination of the central nervous system disclosed the following conditions: (1). Parenchymatous degeneration, varying in extent, of the peripheral nerves, present in all the nerves examined. (2). Degenerative changes in the large ganglion-cells of the anterior horns of the cord, with destruction and fragmentation of the protoplasmic granules and loss of the nuclei of the cells. (3). The nerve-cells of the other parts of the gray matter of the cord, medulla, brain and spinal ganglia were unchanged. (4). No change in the white matter of the spinal cord. (5). An absence of micro-organisms in the tissues. Thomas reviews the reported cases of acute ascending paralysis, and thinks that it is due to some infection. The absence of micro-organism from the tissues would indicate that the products of micro-organismal growth constitute the etiologic factor, rather than the micro-organisms themselves. It may be that the poison is absorbed from without, or that it is the result of faulty metabolism. The disease seems to be a degenerative process of the peripheral motor neuron, with or without the presence of an exudative inflammatory process in the anterior horns of the cord. The absence of the reactions of degeneration, clini-

cally, can only be explained by the short duration of the disease. The same is true with regard to the absence of atrophy.—*The Philadelphia Med. Journal.*

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

SUPPURATIVE SPLEENITIS FROM TIGHT LACING.—Dr. Cromwell, reports in the *Maryland Med. Jour.*, Aug. 13, a case of suppuration of the spleen clearly due to a tight skirt band worn while running quite a distance to escape a shower. Incision and drainage effected a cure.

OPERATIONS IN UTERINE FIBROMATA. — M. Doleris (*Am. Gynecol. and Obstetrical Jour.*, Feb., 1898), in discussing the question of operation in fibroids of the uterus, says: "It is admitted that a large fibroma in a young woman ought to be operated upon, while a small fibroma in a woman approaching the menopause should simply be kept under observation."

REMOVAL OF SAPHENOUS VEIN FOR CHRONIC PHLEBITIS.—Liko (abstract in *Med. News from Jour. Amer. Med. Asso.*) removed with success the saphenous vein from the inner ankle to a point one inch above the knee in a case of chronic phlebitis. As a result of the operation the patient was freed from swelling, eczema and induration of the leg of fourteen years duration, and could walk and stand with comfort.

EGG-MEMBRANE IN TREPHINING OPERATIONS UPON THE SKULL.—Dr. Leonard Freeman (*Annals of Surgery*, Oct., 1898), recommends egg-membrane in preference to gold foil, ruber tissue, etc., to prevent adhesions between the brain and its coverings after operations upon the skull. His reasons are that it is not a foreign body and is, therefore, less likely to cause irritation and suppuration

than non-absorbable materials; that it is easily obtained and is inexpensive. His conclusions are based upon experiments on lower animals.

ANTISTREPTOCOCCIC SERUM.—Dr. Hill, of Milwaukee, (*Jour. Am. Med. Asso.*, Oct. 1, 1898), reports three cases of streptococcic infection in which the results of the use of antistreptococcic serum were such as to warrant the hope that we have in this remedy a specific for this form of infection and a valuable remedy in cases of mixed infection wherein the streptococcus plays a role. Dr. H. V. Sweringen, of this city, has also had some remarkable results from the use of this serum. Certainly it is the duty of all practitioners to test the serum to the end that we may soon know the whole truth about it. Its use is not accompanied by any risk.

TRANSFUSION.—S. R. Miller, M. D., of Knoxville, Tenn., concludes a paper (*Railway Surgeon*), upon the subject of transfusion, as follows:

“Intravenous transfusion is quickest and most accurate. It requires more skill than the other methods and more attention to the details of asepsis than the subcutaneous injection or enema. It is to be preferred where there is immediate demand and the necessary preparation is made. It combats shock best. It is perhaps most useful in very bloody operations where the necessary loss of blood would prove fatal before the operation could be completed.

2. The subcutaneous method is slower and requires less preparation and skill than the intravenous method. It does not depend so largely upon asepsis. It should be employed where the intravenous method is not practicable.

3. Injection into the peritoneal cavity should be employed only in operations involving that cavity. Absolute asepsis is demanded here. It is probable also that this prevents to a small degree adhesion of the raw surfaces.

4. The rectal injections are easiest and quickest of application. I prefer this method to avoid rather than combat shock. It serves best where there is least shock.

5. The general surgeon should not allow himself to become ‘wedded’ to either method, but be thoroughly acquainted with each and then employ the one that in his judgment is best suited to his case and the environments.”

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN; M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

A PRESCRIPTION FOR CHILDREN WITH TAPEWORM.—Guida (*Weiner Medizinische Blatter*, May 26), recommends the following:

Rx.---Tamarind pulp450 grains

Powdered Kamala..... 90 “

Lemon Juicea sufficiency

M.—The whole to be taken at one dose.

INFANTILE DIARRHOEA TREATED BY EUDOXINE.—M. Elezarian (*N. Y. Med. Jour.*, Aug. 20, 1898), reports good effects from the use of eudoxine in the diarrhoeas of infants and children. This drug contains 52.9 per cent. of iodine and 14.5 per cent. of bismuth. It is a reddish-brown powder, odorless and tasteless. He has given as much as a grain every hour to a child a year old. He thinks it much better than the subnitrate or subcarbonate of bismuth in these cases.

CHLOROFORM EXTERNALLY DURING LABOR.—Dr. Archangelsky (*Vratch; Louisville Medical Monthly*), says that for several reasons the external application of chloroform to the abdomen in severe and irregular labor pains is superior to chloroform anaesthesia. He employs a mixture of one part of chloroform to two or three parts of olive oil, rubs it in well on the abdomen, and then applies a warm compress. In a very short time the pain is relieved, the contractions become regular and more effective. Its advantages over chloroform anaesthesia are: The patient remains fully conscious, the pulse and respiration remain good, there are no nausea, vomiting or uterine atony.

WHOOPIING COUGH.—Wm. Thornton Parker (*Ped.*, June 1), indorses Dr. Dawson's use of small and repeated doses of quinia sulphate in solution in this disease. He gives two, four, and six grains to the ounce, a teaspoonful every two hours.

The quinine is both antiseptic and tonic. In his cases the paroxysms almost entirely ceased in thirty-six or forty-eight hours, and

the recoveries were much better than by the use of the old-time remedies, as belladonna, etc. Hygienic treatment is of the greatest importance; a change of air is essential, sea air being usually the atmosphere for children suffering with pertussis.

A bread-and-milk diet three times a day is about all that should be given in the way of food, with an occasional dropped egg on toast or cup of beef tea. Patients must be isolated and they must not be dosed, although twice a week a mild aperient should be given before breakfast. A warm bath twice a week and a daily morning sponge will be found beneficial.—*Am. Jour. Obst.*, Sept., 1898.

ACUTE INVERSION OF THE UTERUS FOLLOWING PARTURITION.—William S. Stone (*Am. Jour. Obst.*, Aug., 1898), reviews the literature of this subject and collects the reported cases of the last five years, adding a case which occurred in his own practice. He was called to see the patient on account of rupture of the membranes, although she had no pains. About ten hours later these came on, and the head (L. O. A.) advanced slowly until it reached the pelvic floor, when the pains diminished in force and frequency and the patient became exhausted. Forceps were applied and a good-sized child quite easily delivered. The cord which was around the child's neck once, was slipped over the head with considerable difficulty. The perineum was torn to the second degree. A gush of blood followed the delivery of the child, but the amount was not alarming, and it immediately stopped. While waiting to express the placenta preparations were made to suture the torn perineum. Only a few minutes had elapsed when it was noticed that the patient was pale and that the pulse had become more frequent. The hemorrhage which had stopped after the first gush had begun again, but was not severe. An immediate attempt was made to express the placenta, but the uterus could not be detected through the abdominal wall. The placenta was found in the vagina, firmly adherent to the inverted uterus, from which it was removed with considerable difficulty. The cord was of average length. The patient was now out from under the influence of the chloroform and complained bitterly of pain in the lower part of her abdomen. Her condition within ten minutes had become critical. The pulse was very rapid and feeble, and she was in a condition of profound shock. Unsuccessful efforts were made to reduce the inverted uterus without chloro-

form. A consultant was sent for, and in the meantime all available means were used for treating the general condition of the patient. When the consultant arrived, one hour afterward, the inverted uterus projected beyond the vulva. Her general condition, too, had grown progressively worse, so that now she was almost moribund. Another effort at reduction was also futile, and in about half an hour the patient died.

The reporter suggests the necessity of being prepared with the most advanced methods of combating shock, in the lying-in chamber, which in these cases is a marked symptom and out of all proportion to the amount of hemorrhage. Authorities differ as to the time of reduction, some insisting on immediate reduction, others advising delay until recovery from shock.

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

GOLDLIKE ALLOY.—An alloy of ninety-four parts of copper and six parts of copper and six parts of antimony, discovered in France, is declared to be a wonderful substitute for gold, and when polished it almost exactly resembles that metal. It can be drawn, wrought and soldered precisely like gold.

A NEW COLLEGE OF PHARMACY is likely to be established in Philadelphia as a department of the Medico-Chirurgical College. It seems that the original charter gives this institution a right to confer the degree of D. D. S., Ph. G., and Ph. D. We doubt the necessity of another college of pharmacy in the Keystone State.

TO DETECT BILE IN URINE.—Rasmussen (*Hospital Titende*) recommends the following: Mix 15 minims of urine with an equal volume of ether, then agitate with about five minims of alcohol solution of iodine. After standing, the ether, holding in solution the iodine, will form the upper layer, while the urine beneath takes on a brilliant green coloration if biliverdin is present.

GOODS PUT UP ON PHYSICIANS' PRESCRIPTIONS NOT SUBJECT TO TAX.—No stamp tax shall be imposed upon any uncompounded medicinal drug or chemical, nor upon any medicine sold to or for the use of any person which may be mixed or compounded for said person according to the written recipe or prescription of any practicing surgeon or physician, or which may be put up or compounded for said person by a druggist or pharmacist selling at retail only.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

MULE'S OPERATION. — UNFAVORABLE REPORTS. — Spence Meigham, Snellen, and Argyll-Robertson claim that they are not thoroughly satisfied with Mule's operation as a substitute for enucleation, and therefore prefer the latter as being the safest and best procedure.—(*British Med. Jour*).

CRYSTALS OF COCAIN IN PREFERENCE TO THE SOLUTION.—Dr. Adolph Bronner, (*Brit. Med. Jour.*, abst. *Phil. Med. Jour.*), says that for nearly all major and minor operations on the eye cocain in crystals is far preferable to the ordinary solutions. As the crystals cause severe smarting he uses a few drops of a 2½ per cent. solution first and then lays about ¼ grain of crystalized cocain on the part of the globe to be incised. After a few seconds of such contact the eyes are closed four or five minutes, and they are then ready for the operation.

GALVANISM IN STRICTURES OF THE LACHRYMAL DUCT.—In a paper presented at the American Medical Association, G. Melville Black, of Denver, advocated the use of large probes in strictures of the lachrymal duct, and with these the use of the negative pole of a galvanic battery attached to the probe to assist in promoting absorption. After the passage of the probe with the attending appli-

cation of electricity, as recommended, the canal should be syringed with a saturated solution of boric acid, and then 10 per cent. solution of ichthyol. Electrolysis should be practiced about once a week until its use is no longer indicated.

IMPLANTATION OF SPONGE IN THE ORBIT AFTER ENUCLEATION.—Dr. S. R. Risley, of Philadelphia, advocates the use of sponge to fill in the orbital cavity after enucleation. A fragment of surgeon's sponge is carefully sterilized, pared down to a size just sufficient to fill loosely the cavity left by the removal of the ball and permit the suturing of the conjunctiva and the subconjunctival tissue over it without undue tension. This furnishes a framework for the deposition of connective tissue in the orbit, and thus avoid the concaved socket which follows enucleation, and permits the accumulation of tears and mucus behind the artificial eye. After the operation the appearance is much the same as that presented by the insertion of a glass globe as in the Mule's operation. Two or three months is required to complete the absorption of the sponge and the deposition of new tissue.

THE OPERATIONS FOR SECONDARY CATARACT.—In a paper presented before the American Ophthalmological Society, Dr. H. Knapp reported 70 cases of secondary cataract operated upon since October, 1897. Sight was improved in 63, remained the same in 6, and was almost lost in one. Three cases were complicated by glaucoma, one of them being relieved by myotics and the other two by iridectomy.

Regarding the advisability of operating Dr. Knapp says that he believes we should attempt to give the patient the best sight his eye is capable of, especially as the secondary operation is, rare accidents excepted, safe. He considers discussion the proper operation and lays down as a rule of paramount importance, "cut, don't tear." As the region of the wound made in the primary extraction is the weak point in these eyes, he considers it advisable to avoid that region as much as possible in the secondary operation.

SUBCONJUNCTIVAL INJECTIONS IN THE TREATMENT OF CORNEAL ULCERATIONS.—In the September number of the *Ophthal-*

mic Record, Dr. J. E. Willetts offers the following conclusions regarding the treatment of corneal ulcerations by subconjunctival injections:

1. That the rationale of the treatment of corneal ulcers by subconjunctival injections is extremely questionable.
 2. That the results are no better than if the injection be given in another part of the body.
 3. That the eye not injected receives as much medication as the injected one.
 4. That it accentuates already abnormal existing conditions.
 5. That it adds a new traumatism to an old inflammation.
 6. That it has a tendency to promote suppuration, to say nothing of thrombi.
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REMOVAL OF THE CRYSTALLINE LENS IN HIGH DEGREES OF MYOPIA.—At the recent meeting of the American Ophthalmological Society, Dr. H. D. Noyes, of New York, reported a case of high myopia, which had developed with exceeding rapidity, treated by the removal of the crystalline lens. The operation resulted in a change of sixteen dioptries, and with it an improvement in vision to double the previous vision. Dr. Noyes believes that we are justified in operating in young subjects with thirteen dioptries or more of myopia, if the fundus is in good condition.

At the same meeting Dr. W. H. Wilmer, of Washington, reported a case of high myopia operated upon by removal of the lens, which was changed $22\frac{1}{2}$ dioptries, giving the patient double the vision that he had before the operation. In regard to the mode of operation the author preferred a slight discission, making a very small opening in the anterior capsule, followed by extraction within six days.

GLAUCOMA WITH DETACHMENT OF RETINA.—Dr. Wm. Cheatham, in the *Annals of Ophthalmology* for July, reports two interesting cases of this rare complication. First patient was a boy, 16 years of age, with vision left eye twenty-twentieths and right eye perception of light, the trouble in the latter eye coming on suddenly and with great pain. Pupil dilated, tension plus one, arterial pulsation well marked and very rapid. Nerve outlines indistinct. Myotics were prescribed and the patient made fairly comfortable

for a period of two months, when suddenly pain developed, with increase of tension. Examination disclosed detachment of the entire retina. No indication of an intraocular tumor. Under rest and myotic treatment patient recovered, inasmuch as he became free from pain. Iridectomy was not performed. The interesting points are the age of the patient and the fact that the glaucoma preceded the detachment.

In the second case the patient complained of failing vision for some three or four months. Examination disclosed a small central scotoma above, optic nerve cupped, tension increased, floating opacities in the vitreous, but no pain. Chronic glaucoma of both eyes was diagnosed and eserine and pilocarpin prescribed. Six weeks later detachment of the retina was discovered in the right eye, and later secondary cataract.

THE DETECTION OF UNSUSPECTED CORNEAL CHANGES BY EXAMINATION WITH STRONG LENSES AND FOCAL ILLUMINATION. Dr. H. Gradle, in the *Ophthalmic Record*, says that by the use of a magnifying lens combined with focal illumination anomalies of corneal transparency may be found in certain instances in which such lesions are neither suggested by the history, nor revealed by any other mode of examination.

A diffuse turbidity of the cornea, which the observer cannot recognize with the ophthalmoscope, may reduce vision appreciably since the retina itself is much more sensitive to the blurring of images formed upon it than is the observer who views the retinal image through the ophthalmoscope. This turbidity can be detected in certain instances after the extraction of senile cataract. It usually begins at the wound and extends sometimes throughout the entire cornea, but usually to the corneal center.

The turbidity is also revealed in some patients complaining of asthenopic symptoms with, however, more burning or smarting, and a tendency to increased vascularity, than is usually found in connection with refractive errors. In such cases glasses will neither give complete nor absolutely prompt relief, and the vision will remain a trifle below normal even after the utmost optic correction. The condition of the cornea cannot be considered a keratitis, but rather as an irritative lesion of uncertain localization, with disturbance of the lymph currents in the cornea.

Dr. Gradle also calls attention to a true inflammatory condition of the cornea, which might easily escape detection without this method of examination. Small specks of infiltration in the cornea give rise to moderate irritation, but not to any visible ciliary injection. These minute inflammatory infiltrates can be very easily overlooked if strongly magnifying lenses with lateral illumination were not used in the examination. These infiltrates usually cause such symptoms as photophobia, lachrymation, dimness in the acuity of vision, and other reflex disturbances.

Treatment usually produces satisfactory results, and Dr. Gradle cites several cases in which an increase of the turbidity of the cornea not detected by the usual methods of examination but producing symptoms already referred to, were relieved by proper medication. The treatment for the most part consisted in the inspersions of calomel.

BOOK REVIEWS.

SIXTEENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF INDIANA.—For the fiscal year ending October 1st, 1897, and the statistical year ending September 30th, 1897.

This book of 500 pages contains a report of the work accomplished by the Indiana State Board of Health, and in addition a report from the Board of Medical Registration and Examination. The book contains minutes of the various meetings of the Board of Health, copies of the circulars issued during the year, report on the sanitary needs of the State Prison North, report on the sanitary surveys of the State institutions, report on the annual conferences of the State health officers, list of town and city health officers, statistical tables regarding deaths, births and marriages and the distribution of various communicable and contagious diseases, and an appendix containing a condensed report of the Indiana State Board of Medical Registration and Examination. The last report contains among other things an official register of the physicians and midwives in the State, and the medical colleges recognized by the Indiana State Board of Medical Registration and Examination.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY, MEDICAL AND SURGICAL, FOR STUDENTS AND PRACTITIONERS.—By Henry T. Byford, M. D., J. M. Baldy, M. D., Edwin B. Cragin, M. D., J. H. Etheridge, M. D., William Gordell, M. D., Howard A. Kelly, M. D., Florian Krug, M. D., E. E. Montgomery, M. D., William R. Pryor, M. D., George M. Tuttle, M. D. Edited by J. M. Baldy, M. D. Second edition, revised. Philadelphia. W. B. Saunders, 925 Walnut St. 1898. Price \$6.00 cloth, \$7.00 sheep or half morocco. For sale by subscription.

The first edition of this work appeared only five years ago, and an extended review is, therefore, unnecessary. The work has been thoroughly revised and very largely rewritten. A large number of the old illustrations have been replaced by new ones.

One very pleasing change is the relegation of the descriptions of the preparation for the various operations and the after-management of patients to the chapters on Technique and After-treatment.

These chapters in and of themselves are worth the price of the book to all students and beginners in this line.

There are so few operators using sponges now that the space given to a description of a method of preparing them seems wasted. No mention is made of gauze sponges, nor of the formalin method of preparing cat-gut. The publisher's work is well done, and, all in all, anyone who contemplates buying a book on gynecology can not do better than to buy this one. P.

A COMPENDIUM OF INSANITY.—By John B. Chapin, M. D., LL. D., Physician-in-Chief Pennsylvania Hospital for the Insane; late Physician-Superintendent of Willard State Hospital, New York; Honorary Member of the Medico-Physiological Society of Great Britain and of the Society of Mental Medicine, Belgium, etc. Illustrated. Philadelphia. W. B. Saunders, 925 Walnut St. 1898.

In this little volume of some two hundred and odd pages the author has attempted to condense an outline of the entire subject of insanity. The book is, for the most part, well written, and the mechanical execution is very good. One commendable thing is the open, clear character of the type which is so restful to the eyes. The chapter on mania is the most comprehensive, as it should be, but

general paresis scarcely receives the attention to which its increasing frequency merits it.

The student will find in this volume a readable compend of the subject of insanity within very small compass, and will be better prepared to take up larger and more pretentious volumes, with which this does not pretend to compete.

There are some minor points which could be criticized, for instance, the expression, "disease of the mind," occurring in the opening sentence of the preface is unfortunate; but these are minor points which do not detract from the real value of the work.

G. W. M.

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS.—A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. Third edition, revised, rewritten and greatly enlarged. By G. Betton Massey, M. D., Physician to the Gynecic Department of Howard Hospital, Philadelphia; Late Electro-Therapeutist to the Infirmary for Nervous Diseases, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association, of the Societe Francaise d'Electrotherapie, of the American Medical Association, etc. Illustrated with twelve full-page original chromo-lithographic plates in twelve colors, numerous full-page original half-tone plates of photographs taken from nature, and many other engravings in the text. Royal octavo. 400 pages. Extra cloth, beveled edges, \$3.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Illinois.

The work is divided into two parts. Part first consists of twenty-one chapters. Of these the first six are given to a discussion of the nature and predisposing causes of diseases of women; examination of cases; therapeutic action of electricity; phenomena attending the passage of galvanic currents through living bodies; methods of applying electric currents in diseases of women; and additional methods in gynecic practice, such as posture, tampons, douches, etc.

The remaining chapters discuss in detail the electrical treatment of the various diseases of women, including malignant growths,

neurasthenia, maternal sterility and impotence; urethral stricture and diseases of the rectum and sigmoid flexure; and the cosmetic uses of electricity.

Part second describes the various currents, modes of handling and controlling, methods of production, tests, etc. It is, in short, a treatise on rudiments of electricity with special reference to its use as a remedial agency.

Two appendices are added which give tables with details of treatment and results in 86 consecutive cases of fibromata, and 34 consecutive cases of catarrhal diseases of the uterus. The obstruction theory of dysmenorrhoea is denied. The effects of laceration of the cervix are regarded as largely fanciful. Non-specific infection is credited with causing the bulk of common pelvic diseases.

What the author is pleased to call the "recent surgical school" is accused of neglecting the uterus for the tubes in catarrhal troubles. Fixation in a normal position is pronounced worse than movable displacement. The author says the idea that women's diseases are merely mechanical and surgical is a heresy of the age.

Rectal examinations are preferred to vaginal examinations in virgins.

The book is unquestionably the work of a master hand.

That the author is an enthusiastic advocate of the use of electricity in gynecic practice goes without saying; specialists in abdominal work will no doubt charge him with allowing his enthusiasm to carry him too far; while general practitioners will take the more radical statements contained in the work with about the same quantity of salt that they use in connection with the more radical statements of all specialists, and by so doing will, perhaps, hit the bullseye oftener than either. No one can read the book without profit.

P.

FORT WAYNE MEDICAL JOURNAL-MAGAZINE.

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NO. II.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

ATHEROMA.—REPORT OF CASE AND AUTOPSY.

BY DR. JAMES B. McEVOY,

Demonstrator of Pathology, Fort Wayne College of Medicine.

The term atheroma is applied to the pathological changes found in an artery following a chronic productive inflammation of its intima, accompanied by fatty, cheesy and calcareous degenerations.

Let us briefly review the histology of an artery. For convenience in description we have it divided into three parts, called respectively, the adventitia, media and intima. These various parts or sheaths are made up of fibrous tissue, fibro-elastic tissue, involuntary muscle bundles and endothelial cells.

A capillary is a delicate tube-like structure formed by flattened nucleated endothelial cells placed side by side connected together by a cement substance. Surrounding this tube is a connective tissue network sometimes called the peri-vascular sheath.

In the large vessels this same histological structure, with one addition, forms the inner sheath or intima. Separating the sub-endothelial tissue from the middle sheath or media is a delicate

* Read before the Allen County Medical Society, Oct. 18, 1898.

homogeneous fibrous tissue layer which is called the inner elastic lamina. It is this intima made up, as we have seen, of endothelial cells, sub-endothelial connective tissue and the inner elastic lamina, which is involved in the inflammatory process.

The media is made up of bundles of involuntary muscle fibre circularly disposed and separated from the outer sheath or adventitia by another fibro-elastic lamina. The adventitia is made up of fibrous and fibro-elastic tissue.

The adventitia and media receive their blood supply from small vessels which penetrate these sheaths externally and terminate at the inner elastic lamina of the intima.

The intima having no direct blood supply is compelled to depend upon the layer of cells surrounding the lumen of the vessel, abstracting enough nutriment from the circulating blood to nourish the entire layer.

An irritant, then, in the blood stream acting upon these endothelial cells preventing them from taking up the necessary amount of food would seriously endanger the underlying tissues of the intima; the inner elastic lamina, the furthest from the base of supply, being the first to suffer.

Ordinarily in inflammation the various changes center about the capillaries in the region irritated, but as the intima has no direct blood supply, irritation of its component parts is responded to by an increased cellular activity, the fixed cells dividing and subdividing until either by inherent weakness, mechanical pressure, or by damage to the endothelial covering they begin to degenerate. The cells at first become fatty, later forming amorphous cheesy masses. If the area is protected from bacterial invasion lime salts are deposited and the pathological picture is complete. In the intima, then, we have an example of a pure productive inflammation.

In atheroma the media is rarely involved early, the inner elastic lamina sharply defining the diseased area.

The adventitia becomes hypertrophied and inelastic, though sometimes, as in case No. 2, both media and adventitia become exceedingly thin. It is in these latter cases, particularly when the arch of the aorta is involved, that sudden death occurs from rupture of the vessel walls owing to some sudden muscular strain.

The aortic arch is the favorite seat of atheroma, but other portions of the arterial system are frequently involved, the liability de-

creasing with the size of the vessel, with the exception of the middle cerebral and coronary arteries.

Naked eye examination reveals along the lumen of the vessels scattered patches of pale, firm, opaque, fibrous tissue, smooth to the touch but hard and gritty upon section, the patches still preserving their endothelial covering which wisely remains until near the end.

Early microscopical examination shows a reproduction of cells in the inner elastic lamina and sub-endothelial connective tissue, forming new fibrous tissue. Later the cells begin to show fatty change, and soon all evidences of distinct structure are lost, the microscope showing an amorphous granular detritus with crystals of lime salts.

These atheromatous patches can be lifted up with the finger nail, leaving the media intact. This sometimes occurs during life, the atheromatous patch being forced from its bed, leaving what is termed an atheromatous ulcer; the degenerated tissue finding a lodging place in some of the smaller branches, producing the signs of obstruction to the circulation in the parts supplied by them.

The new-formed tissue increases the thickness of the intima until in smaller branches the lumen is almost entirely obstructed—endarteritis deformans.

This interference with the circulation favors clotting. If a main branch be involved so that the blood-clot stops the circulation, gangrene ensues in the tissues depending upon it for nourishment, unless they be supplied with blood collaterally.

Atheroma occurs usually late in life, although observers have reported a few cases discovered in childhood.

It is a pathological law that irritation of a highly specialized structure, such as endothelium, is responded to by a productive inflammation in neighboring tissues of a lower type.

This irritation need not be severe, for a mild irritation long continued will have the same result.

As a direct cause of atheroma we find alcohol, syphilis, gout, retention of excrementitious products in interstitial nephritis and products of intestinal auto-intoxications. As sequelae we find aneurism, rupture and gangrene.

The symptoms vary. Death from cerebral softening, rupture of the aorta and middle cerebral arteries often occurs without prior disease of the arteries having been discovered.

The atheromatous change may be general or local. In the former case the diagnosis is easy.

Sometimes a dilated, tortuous, pulsating appearance of the superficial vessels may be noted.

In general atheroma there is usually a condition of cardiac hypertrophy with a prolonged and tense pulse. The radials feel hard.

When vessels in lower extremities are involved the gait becomes tottering, owing to deficiency in the nourishment of muscles.

Late in the disease symptoms of chronic heart trouble develop, precordial oppression, dyspnoea, oedema, etc. When the coronary arteries are involved severe paroxysms of angina pectoris are experienced.

The treatment is mostly palliative, although early in the disease removing the irritants, if possible, strict attention to the laws of health, with the iodides and mercury as adjuvants may assist in prolonging life. * * * *

Case I. A. M. female, age 63, white, married. Family history good, father and mother both dying from natural causes after passing their 90th year.

Prior to six months ago she seemed well nourished and well preserved for one of her years. Up to this time she had led a very active life.

Six months ago she experienced considerable domestic trouble, became despondent and refused to take proper nourishment. This brought on an attack of what she termed grippe. She lost flesh rapidly, and began to expectorate quantities of muco-purulent matter, streaked with blood. The last six weeks of her life she was compelled to spend in bed. Expectoration profuse in mornings, and she became exhausted from the severity and frequency of her coughing spells. She had consulted a physician early in the disease, but later neglected doing so until the evening of July 8th, when severe pain and pronounced difficulty in breathing compelled her to seek relief.

Examination revealed the following: Patient anaemic and exhausted; pulse 120, regular, full. Normal heart sounds. Temperature 98 3-5 degrees. Percussion elicited dullness over both lungs, more marked over right. Breathing tubular. She coughed frequently, and occasionally raised a viscid blood-streaked muco-

purulent material. For several weeks had severe pain in right side under axillary line, but no pain present there now. Pronounced dyspnoea.

She was experiencing intense pain in the abdominal cavity, most marked at a point just above the right anterior iliac spine and a little inward toward the linea alba. Great tenderness upon pressure at this point. Pain sometimes radiated over right hip and occasionally was felt as low as knee. Muscles relaxed and examination of abdominal organs easy. Nothing abnormal detected. Bowels regular. Extremities warm. Appetite gone.

July 10th. Patient resting easier. Respirations 38. Pulse 120. No fever. Coughing frequently. Examination of sputum showed numerous bacteria, but no tubercle bacilli.

July 16th. For the past few days has rested fairly well and taken some nourishment. She notices some tenderness at above mentioned point, but has had but few paroxysms of pain. This same date at 4 p. m. she felt something burst at the seat of tenderness, then she experienced a sensation which she described as a rush of blood or water starting from this point and running down the anterior portion of the thigh. Before reaching the knee it turned toward the inner side and ended beneath the knee joint. Her sufferings were intense. The frequent exacerbations of pain in this region brought on general muscular spasms. Large doses of morphine, etc., afforded no relief. Marked tenderness in popliteal space. Below the knee extremity became cold.

July 17th. Extremity cold, slight circulation in foot. Pain intense below the knee. No discoloration. No fever.

July 20th. Extremity pale. Slight circulation detected in foot. Plantar surface discolored. Toes shriveled. Odor of gangrene noticeable. Pain intense from foot to hip. Pulse 130 and weak. No fever.

July 23rd. Pain still severe. Discoloration reaches knee. No oedema. Blebs over foot. Patient extremely weak. Limb cannot be touched on account of pain.

July 26th. Discoloration up to hip. Patient moribund. Death at 4 p. m. Post mortem held three hours later.

Examination of thoracic cavity showed both lungs generally adherent. Lung substance heavy, dark red in appearance and partly consolidated. Right lung, especially in lower lobe, showed

extensive new formation of fibrous tissue in the interstitial substance (microscopical examination).

Heart somewhat hypertrophied. Muscle healthy, valves competent. In arch of aorta an atheromatous patch 3-8 of an inch in diameter was noticed. The outer surface was smooth, showing the endothelial covering still intact.

At lower end of abdominal aorta at commencement of common iliacs a condition of endarteritis deformans was found. The lumen was much narrowed, and firmly adherent to vessel walls was a brownish white clot which nearly occluded the aorta. Below this region as far as examined the vessel walls seemed healthy. No other evidences of atheroma discoverable.

This case presents features of interest to every practitioner, especially as to diagnosis and treatment. Had an attempt been made to remove gangrenous area when for several days the process seemed to limit itself to the region below the knee, operation would have been fruitless, for the source of the trouble was higher up.

In August, 1897, in a post made upon a negro woman aged 40 in whom there was commencing gangrene in both extremities, the cause was found to have been an extensive uterine fibroid which pressed upon the iliacs, interfering with the circulation. Cases of this kind are on record where the gangrenous area was removed, after prior removal of the fibroid, with no recurrence of the gangrene. In our case of atheroma the uterus and ovaries were atrophied.

In extensive inflammatory conditions of the lung as in this case, gangrene frequently occurs without any atheromatous change in arteries, but in such cases the various extremities are involved. It is rarely ever confined to one.

Permission could not be obtained to examine arteries in the leg, but from all signs present it appears that a portion of the clot in the aorta was loosened by force of the blood stream, and was washed into right common iliac, down femoral, lodging finally in popliteal artery. This clot almost occluding vessel, stasis of blood stream was favored and clotting extended upwards until original starting point was reached. There was no perceptible interference with circulation in left leg.

Case No. II. In this paper mention is made of the occurrence of atheroma in interstitial nephritis. A few brief extracts from post-mortem notes of this interesting case will serve to illustrate:

Adolph Bignon, age 69, upholsterer by trade, 5 feet 10 inches in height, weighing 325 lbs., on October 18, 1898, entered a store to make some purchases, attempted to speak and fell forward upon the floor. Face became cyanotic, breathing stertorous and pupils fixed. Died in twenty minutes.

Post mortem twelve hours later showed dura adherent generally. Brain congested. Inner surface of calvarium and bones at base roughened. Lungs adherent. Venous congestion. Heart dilated. Fatty infiltration of muscle. Valves thickened and atheromatous. Arch of aorta seat of extensive atheromatous change. Wall of aorta between patches very thin. Venous congestion of liver and spleen.

Right kidney small, cirrhotic, upper portion occupied by two large cysts. Left kidney enlarged, capsule slightly adherent, numerous cortical cysts, commencing cirrhosis in upper portion.

THE PRACTICE OF MEDICINE AND SURGERY.

By Dr. T. A. LANCASTER,
North Manchester, Ind.

As the wheels of time their annual revolutions slowly make, and as the raging conflict grows fiercer and yet still more fierce in every calling to which man has honorably lent his energies, it might be wise to call a temporary halt, step by the wayside and calmly, honestly and studiously inquire into the causes which combine to render the life of an earnest, honest, conscientious follower of Aesculapius more and still more onerous at each revolution.

"Man's inhumanity to man makes countless thousands mourn," contains a truth accepted for ages, and if faithful inquiry be made it will be found to apply with especial purtenance to the medical and surgical world.

No where else can be found such bickering, fault-finding, scheming, double-dealing, trickery, jobbing, bolstering and general skudduggerly as is found to exist in the practice of "that grand and noble profession."

To the laity and to the young man or young woman just entering the profession all seems smooth sailing; all is peace, all is calm contentment. The future to the new disciple holds out the most dazzling temptations. He sees in the not distant future honor,

riches, and the gathering about him of thousands and tens of thousands of fellow-beings ready to do him honor; to proclaim to the world the depth of his love and the colossal grandeur of his achievements. He sees his fame extending; he hears his excellence and goodness commented upon in the streets and in public places; he reads in the daily press lengthy editorials recounting his skill, and he sees the multitude gathering, each striving to outdo the other in haste to secure his services.

How soon this delusion, this day-dream of grandeur and greatness can be dispelled by coming in contact with the actual conditions as they are met with in practice, let him who has passed two decades in active service answer. Instead of paths strewn with roses, instead of loyal and steadfast colleagues, instead of thankful patients, instead of honest debtors he has found alas, that his paths have been in deepest shades and over stony places, leading, in serpentine courses, to disappointment and oftentimes to despair; that his colleagues' protestations of good will and ever ready assistance were measured by greed and personal gain; that his should-be thankful patients are ever ready to ascribe their recovery to the neighbor's herbs, Jones' liniment or to the effects of the pow-wow man whose services have been clandestinely secured and accepted; that each year he is brought face to face with the fact that a smaller and smaller per cent. of his patrons are paying the meagre bills rendered for services given under the most trying circumstances and difficult conditions. He sees an already over-crowded profession, augmented in numbers through no act, direct or indirect of his own; he sees quacks and charlatans displacing him in his best families and sadder still he sees death claiming patients whose lives under skillful treatment and judicious management ought to be saved. He sees this vicious circle enlarging and extending with no power within himself to stay its ravages and baleful influences.

Now as to the causes which have led up to this condition and are still leading the profession to a worse dilemma. David Starr Jordan said: "We are a people who govern ourselves, and if we be not wise what must be the result of that government?" If we look carefully into this assertion and enucleate the germinal truth contained therein, we will discover that the law-making function of this government is at fault; that it is impotent in its operation, because of its ignorance. How can a stream rise higher than its source? How can a people obtain a law better than they demand,

when we consider that under our system of government the people make their own laws, through their agents, their senators and representatives?

Patrick Henry knew only too well the fatal defect in our system of government when, from the depths of his heart and in tones of thunder he declared, "We must educate or we must perish," and considering his exact knowledge as applied to principles of government, he doubtless meant that *we must educate the masses*.

In spite of our boasted advancement, in spite of the oft-repeated declaration that we have far out-stripped our co-workers, the clergy, lawyers, teachers, etc., we are forced to admit that so far as solving the problems that pertain to the practical application of our knowledge to the alleviation of suffering and the eradication of disease, we have passed onward and upward no farther than the string with which we are tethered will allow.

Every intelligent physician will, without hesitation, readily and freely declare that the great stumbling blocks in the way of his pleasantly, profitably and successfully (so far as the people are concerned) practicing his profession are the ignorance of the masses and the nefarious practices of his competitors. I will be met at this point by the statement that education does not make people honest; I admit that it does not necessarily do so. Yet who will not subscribe to the fact that mental cultivation tends to elevate, to ennoble; in short, to make bright, active, generous, honest citizens?

If this proposition be *not* true, where is improvement to begin and along what lines are the battles of human liberty to be fought? Create a healthy demand in the masses and their wants will rapidly crystallize into potent law, a law not made by the few and enforced by eternal vigilance and finally becoming a blur upon the statute books, but a law which enforces itself, because deep down in its fundamental provisions it reflects the demands and opinions of an intelligent people.

The specific laws in most states of our union, as relates to the practice of medicine and surgery, are a patent failure, because they all contain provisions enough to destroy the primary act, even admitting that they are honestly and dilligently enforced. The reason why quacks exist is because they are wanted. The reason why a strict regulation measure is not enforced is because it is unpopular, as the masses interpret such interference as an infringement of their liberty, to select, to choose, to act in accordance with that

broad principle laid down as an axiom in the Declaration of Independence, formulated by our forefathers, but whose truths were created by God, viz: "All men are created equal with certain and inalienable rights, that among these are life, liberty and the pursuit of happiness."

The illiterate never for a minute question their ability to determine their wants in a medical or a surgical matter, neither do they hesitate to pass judgment upon the qualifications of any person who essays the practice of medicine or surgery. Ask one of these egotists questions that pertain to chemistry, botany, astronomy or geology and he readily responds with "I dunno, I 'aint got no larnin'." But ply him with questions relating to the treatment of the sick and he unfolds theories with a readiness that astounds the most erudite. He never hesitates to give advice in the greatest accidents, and in illnesses of the most serious character he questions the attending physicians' judgment and makes recommendations as to their management with an ease and readiness that shocks those who have made a special study of their deadly nature.

What moral or legal right have non-professional people to give advice in sickness? How often the acceptance of such ill-advised recommendations has led to fatal terminations, let those who have been in active practice state. Personally I have known of many such cases. The further elaboration of this question, especially that phase of it which concerns the ethical side of the relationship of one physician to another, will be left for a future article.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of October:

	Cas ^{es} .	Deaths
Diphtheria (including Membranous Croup).....	10	2
Scarlet Fever ..	0	0
Measles	0	0
Typhoid Fever	3	0
Tuberculosis	not rep	4
Cerebro-Spinal Meningitis.....	0	0
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough	0	0
Total deaths from all causes.....		40

COMPULSORY NOTIFICATION OF VENEREAL DISEASES.

According to the *Phil. Med. Jour.*, the police authorities of Berlin have notified the physicians that all cases of venereal disease must be reported, in connection with which secrecy might be followed by harmful results to the patient or the community.

Were this law on the statute books of an American city it would be more honored in the breach than in the observance. It could not be enforced. The medical supervision of houses of ill-repute, however, could be enforced and the spread of venereal disease by that means controlled. This would not exterminate these diseases, but it would do much to restrict their spread.

B. Van S.

NEWS NOTES AND COMMENTS

Dr. W. F. Schrader, of Fort Wayne, is in Chicago under the care of Dr. J. B. Murphy, who operated for gall stones on October 27th. At last accounts Dr. Schrader was making a good recovery.

The Attorney General of Iowa has decided that itinerant doctors must pay a tax of \$250 per annum, and that each city or town may assess its own license fees in addition to the tax. This is wholesome legislation.—*Ohio Medical Jour.*

The Chicago Department of Health has published graphic charts showing a decrease in the infant mortality of the city, from 1894 to 1897 inclusive, occurring coincidentally with a marked improvement in the city milk-supply, the latter being the direct result of the supervision of the milk-supply carried on by the department. The marked improvement in the quality of the milk-supply is thought to be at least one probable cause, among others, of the decreased infant mortality.

We learn through the daily press that Joseph Rilus Eastman,

son of Dr. J. B. Eastman, of Indianapolis, was married on October 5, 1898, to Miss Amelia L. Gaston, at the home of the bride's parents, Dr. and Mrs. John M. Gaston, at Indianapolis. Dr. Eastman is a member of the faculty of the Central College of Physicians and Surgeons, and the Central College of Dentistry of Indianapolis, and is quite well known through his connection with many prominent medical societies, and partnership with his father, who is a well known Indianapolis surgeon.

The medical department of the Public Library of Indianapolis has recently been enriched by a donation of a portion of the extensive and well chosen library of the late Dr. Theophalus Parvin, of Philadelphia. The donation comprises many French and German works upon therapeutics and gynecology, and the English works include, besides many text-books and monographs, a file of the *American Journal of Medical Sciences* and the *London Lancet*. The gift represents over nine hundred volumes, and comes through Mrs. Parvin in grateful remembrance of the early associations of Dr. Parvin when a resident of the city of Indianapolis.

The following officers were elected at the Nashville meeting of the Mississippi Valley Medical Association:

President—Dr. Duncan Eve, Nashville, Tenn.

First Vice-President—Dr. A. J. Ochsner, Chicago, Ill.

Second Vice-President—Dr. J. C. Morfit, St. Louis, Mo.

Secretary—Dr. Henry E. Tuley, Louisville, Ky., (III W. Ky. St).

Treasurer—Dr. Dudley S. Reynolds, Louisville, Ky.

Next place of meeting, Chicago.

Chairman of Committee of Arrangements—Dr. Harold N. Moyer.

Time of meeting—October, 1899, date to be determined by the Executive officers and the Chairman of the Committee of Arrangements.

The Rush Medical College, now a part of the University of Chicago, starts out with a freshman class of over seven hundred students. This is especially gratifying to the friends of the institution in view of the fact that the requirements are much more rigid

than heretofore, and are being enforced to the letter. As an evidence of the determination on the part of the officers of the institution to establish a higher standard of medical education, it may be said that after the examinations at the close of the last term, eighty men were notified that they could not advance to the higher classes unless their scholarship could be brought up during the summer months. Many of these dropped out of college, but thirty have been required to take the work of the previous year over again, and the remainder have been given until the 15th of November to try to make up their deficiencies, at which time, unless they can remove the conditions, they, too, will be remanded to the lower classes.

The public baths recently established in the city of Philadelphia seem to have met with the success desired by the promoters of the enterprise. Since the day of opening, on April 21st, nineteen thousand bathers have taken advantage of the facilities offered by the institution. People of all the leading nationalities—Hebrews, Italians, German, Irish, Japanese and English—as well as Americans, black and white, are among the patrons, which has a tendency to break down race-prejudice. The patrons are, for the most part, those coming from the wretched portion of the city, where so many are condemned to helpless and hopeless poverty. But people who have not been in the habit of bathing regularly are rapidly becoming educated to it since they have complete facilities for the small sum of five cents. The managers have been careful to establish absolute cleanliness, as well as courtesy and discipline. It is thought that the institution will have a good moral effect in promoting cleanliness not only of the body, but stimulate a desire for cleanliness of surroundings, with the ultimate effect of bettering the physical condition of the inhabitants of this unhealthy district and lessening the liability to communicable diseases.

The new medical law of Indiana has received some serious setbacks at the hands of indifferent prosecutors and ignorant juries. As an instance of this, two professed osteopaths from Illinois proceeded to practice their art in the city of Fort Wayne without the formality of receiving or even applying for a certificate from the Board of Medical Registration and Examination, and a license from the County Clerk, as demanded by the medical laws of Indiana.

now in force or supposed to be in force. Dr. Jas. M. Dinnen, a member of the Board of Medical Registration and Examination, proceeded to have the osteopaths arrested and tried for violation of the law requiring all practitioners of the medical art to secure a license. The "muscle manipulators" demanded a jury trial, and the result for the present seems to be in their favor, the jury having been discharged in consequence of a disagreement. Dr. Dinnen informs us that the osteopaths will be rearrested and again tried, and in case of adverse decision the matter will be carried to a higher court. We sincerely hope that the matter will be eventually settled in such a manner that osteopaths who in the future decide to locate within the confines of the State of Indiana will first take the precaution to obtain a license, as demanded by the provisions of the medical law recently enacted.

At last the city of Fort Wayne stands more than a fair show of having the much talked of and much needed isolation hospital for contagious diseases. The Board of Health have prevailed upon the Mayor, the Board of Public Works and certain influential Councilmen, to inspect, with a view of purchasing, the Abbott Sanitarium, located in the eastern part of the city. This building, with its entire paraphernalia, including a modern heating apparatus, is all that remains as the remembrance of a defunct company organized for the purpose of making Fort Wayne a second Hot Springs, through the medium of a sulphur well found upon the premises and supposed to contain all of the requisite virtues for restoring health to suffering humanity. The building, with grounds and equipment, represents no inconsiderable outlay, but the present owner, who secured the property upon mortgage, is willing to sell it to the city of Fort Wayne for a price much less than half the original cost. We are informed that the "powers that be" are favorable to the proposition, which, in effect, is to purchase the property and place it in condition for the reception of contagious disease patients. We sincerely hope that the project will be carried to successful issue; and that the Fort Wayne Contagious Disease Hospital will be a thing in reality.

The *Philadelphia Medical Journal* calls the "Story of Chickamauga", as told by Dr. R. Stansbury Sutton, in the *Journal of the American Association*, of September 17th, an indictment that makes

it abundantly clear that far from deserving blame, the heroism of the medical officers has been the means of saving numberless lives otherwise inevitably doomed by the unpreparedness for war, and the inefficiency and culpability of others. The points of the indictment are:

“1. Drunkenness and prostitution were rampant to reduce the health of the men, and to induce venereal disease; 5 per cent. of 50,000 men were incapacitated by gonorrhoea or syphilis, or both.

2. Old generals, physically incapable of the arduous duties demanded of them, were put in charge, instead of younger and better administrative officers.

3. Bad hygienic arrangements, dependent upon inexperience of the men and their officers, and not under the control of the medical men, produced much disease.

4. An insufficient number of medical men, one only to a regiment, accounted for much of the trouble.

5. Men unfit to become soldiers, with hernia, bad teeth, bad feet, etc., had been accepted by the examining surgeons, who were allowed only 40 cents for the examination of each.

6. Insufficiencies of materials, lumber, cots, nurses, cooks, etc., were only, and too late, overcome by great exertions of the physicians.

7. Typhoid fever was not prevented by carefulness as to the supply of food, water, etc.; typhoid prevailed in the neighborhood before the establishment of the camp.

“The hospitals and camps have been full of blooming liars, who have filled the newspapers with the most alarming stories of cruelty and neglect. The soldiers, sick and well, at Chickamauga, have had a picnic as compared with the soldiers there in 1863-1864.”

Perhaps no more pathetic incident following as a sequel to service in the late war can be found than that connected with the death of Dr. Geo. W. Lindheim, which occurred at his residence in New York on September 16th. To quote from the *New York Medical Journal*, “This young surgeon, only twenty-eight years of age, was the officer in medical charge of the train that brought two hundred and sixty sick soldiers safely from Chickamauga to New York. If any credence can be placed in the newspaper reports, the most unwarrantable and meddlesome interference was thrust upon him

en route in the discharge of his duties, and because he very properly resented it, he was made the victim of an unscrupulous persecution, which preyed to such an extent upon his nervous organization as to render him an easy victim to the very illness through which he so successfully piloted the men in his charge. The *Evening Sun* for September 17th has a sympathetic and appreciative editorial note upon his fate, commencing thus: 'Dr. George W. Lindheim, the young surgeon of the Eighth New York Volunteers, who died yesterday of typhoid fever, was a victim of public hysteria. The condition of some of the southern camps was a very proper subject for criticism, since it is only by plain language about abuses that they can be cured; but there has seldom been so much lying on any subject of public concern as there was about our sick soldiers and the care of them.' The *Evening Sun* has struck the bull's-eye right in the center; save that, in our opinion, it has not been so much recklessness as infamous, deliberate unscrupulousness that has been responsible for the hysteria."

Dr. Lindheim would undoubtedly have recovered had not his vital forces been so much exhausted by anxiety and excessive labor. To use the words of the *Medical Times*, "no words can express the heart-breaking agony of mother, family and friends as the boy in the ravings of his last hours showed how deeply the taunts and abuse of the unthinking had stung him and paralyzed his last hold upon life. Among the notable lives which have gone out in this war none will shine with a brighter luster and none be held in higher reverence than that of the young Red Cross surgeon."

Dr. D. H. Galloway, of Chicago, reports in the *Philadelphia Medical Journal* of October 15th, an interesting case of death following half an hour after chloroform anesthesia in a case of aneurysm of the innominate artery and aorta. The patient, a colored woman forty years of age, by occupation a cook, had been perfectly well until two years previous to her death, when she began losing flesh and suffering from the effects of what was diagnosed as a fibroid tumor of the uterus. She consented to an operation for the removal of the tumor, and after being prepared in the usual manner, chloroform administration was begun, the anesthetic being given very slowly. At the end of five minutes the patient appeared to be profoundly anesthetized, but the breathing was rapidly becoming la-

bored and sounded as if there were some mechanical obstruction which nearly closed the trachea; at the same time the heart became rapid and weak. The anesthetic was instantly discontinued and the operation abandoned. The heart's action immediately began to improve, and in a few minutes seemed normal, and though the breathing was improved it was still somewhat difficult. In about twenty or thirty minutes the patient began to breathe badly and the heart action declined. The head was at once lowered, hypodermics of nitroglycerin and ether administered, artificial respiration instituted, the sphincter ani dilated and rhythmic traction made on the tongue. In spite of these successive efforts the heart continued to grow weaker, respiration more shallow, until in fifteen minutes the heart ceased to beat altogether, though the efforts to resuscitate the patient were continued twenty minutes longer.

Post mortem examination made five hours afterward disclosed an interstitial fibroid in the cervix of the uterus, a submucous fibroid of the fundus, and on the peritoneal side of the uterus there were three fibroids, each about 2 in. in diameter, with short pedicles about three-quarters of an inch in diameter. The appendix was bound down by old adhesions and the lumen obliterated. The right kidney was somewhat larger than normal, the capsule adherent. The colon was telescoped for six or eight inches, but readily separated on manipulation. On opening the chest the mediastinal connective tissue and fat were found emphysematous, both pleural cavities obliterated except a space as large as the hand in the right axillary line, and both lungs adherent over their entire surfaces with the exception mentioned. The pericardium contained two or three ounces of amber-colored fluid. The heart was not enlarged or dilated and the valves sound. The heart and large arteries were filled with white fibrinous clots. In the median line behind the clavicle could be felt a firm mass, which, on being dissected out, proved to be an aneurysm of the innominate artery, involving also a branch of the aorta. The sac had a capacity of about four ounces, and was nearly filled with layers of fibrin, like layers of an onion.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

TRANSMISSION OF DISEASE BY INSECTS.—The importance of insect pests as carriers of contagion, while receiving occasional recognition, has not, perhaps, been given the attention which it deserves. Recent investigations with reference to the association of mosquitoes and malaria indicate a tendency to work out the various questions concerned. It is to be hoped that the recently appointed English commission will throw much light on the subject.

In a recent communication (*Medical News—New York Medical Journal*) Dr. Frank Donaldson, Assistant Surgeon First Volunteer Cavalry, says that an instance of apparent transmission of the Cuban fever by infection from a fly bite occurred after the regiment was mustered out. A lady who was helping him nurse in the regimental hospital was taken a few days later with what proved to be a typical case of Cuban fever. He was absolutely at loss to account for it. She had been perfectly well, had not been in a malarious district, and had spent the summer in the North. During several days while at Camp Wikoff they had had a terrible visitation of flies and the men in the hospital had complained that their bite frequently drew blood, and on several occasions this lady had called his attention to the fact that blood had followed the bite of one of the flies. She was at the time of writing in hospital, and the disease was running a typical course.

AUTO-INTOXICATION.—The following abstract of an article by the editor of this department (published in *N. Y. Med. Record*) is

copied from the *Philadelphia Medical Journal* of October 29th: McCaskey defines auto-intoxication as a toxic condition broader than the strict etymology of the word implies, but fixed by usage and priority of original research, and resulting from the chemic poisons formed either as an incident of tissue-metabolism or as products of bacterial growth in some part of the animal economy. The organism is protected from these self-formed poisons under conditions of health in the following manner: The leukomains are, for the most part, destroyed near the seat of formation by the process of oxidation. In addition there are probably processes of which we have no knowledge, that aid in the conversion of toxic into non-toxic chemic agents. From ptomaines the organism is protected, first, through the destructive action of the normal gastric juice upon bacteria, the selective and transforming power of intestinal epithelial cells, and the destructive action of the liver. After passing through the circulation, these poisons are hurried to the kidneys and rapidly eliminated from the system, keeping the accumulation from reaching the disease-limit. McCaskey recognizes, in addition to leukomains and ptomaines, bacterial toxins, the interstitial fluids of the germ-body, and the pyogenetic proteids described by Buchner as responsible for the majority of cases of auto-intoxication. Apropos of the last-mentioned poison, reference is made to a case of profound anaemia, in which the red cells were reduced to a little over a million, without any other changes suggesting pernicious anaemia, but with a remarkable increase in the number of leukocytes, the ratio being 1 to 12. The patient showed symptoms of chronic intestinal disorder. Microscopic study of the faeces and colon-washings revealed millions of microscopic teniae that could not be indentified, and an intense bacterial infection, in which the colon-bacillus predominated. Considering the leukocytosis the result of intestinal auto-intoxication, intestinal disinfection was accomplished, and at the end of three weeks the red cells were augmented to two million, and the white cells were entirely normal in proportion. The conditions in this case are thought to be dependent upon the pyogenetic or chemotactic proteids of Buchner or upon some bacterial products absorbed from the intestine and producing the leukocytosis, which disappeared with them. The remarkable degeneration of red cells is thought to demonstrate the destructive influence that these or associated poisons had exerted upon the hematogenetic function. The fatty

acids, butyric, lactic, etc., acetone, and similar compounds, are probably responsible for auto-intoxication at times. The clinical recognition of the toxaemias resulting from the poisons referred to and from others is difficult, as the symptomatology is most diverse. Means for their chemic recognition and differentiation must be developed. Through these changes only will they be satisfactorily explained.

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ANESTHETICS.—Recent experiments upon animals by Drs. Thompson and Kemp, of New York (*Med. Record*), confirm the generally accepted belief that, in patients suffering either from kidney disease or pulmonary oedema, chloroform is a safer anesthetic than ether.

DEATH FROM CHLOROFORM.—A death from chloroform occurred at St. Joseph's Infirmary, Louisville, Oct. 20.

The stage of excitement was prolonged and the patient died after much struggling and before the operation was commenced. He was considered in good condition for an anaesthetic.

HYPERTRICHOSIS.—Schiff and Leopold, of Vienna, have been very successful in treating hypertrichosis by the Roentgen Rays. To avoid inflammation it is advised that a current of not more than 2 amperes with a maximum tension of $111\frac{1}{2}$ volts be used with the light at a distance of 20 to 25 centimetres from the skin. Each sitting should be ten minutes or less. Seventeen to thirty sittings were required in seven cases noted.

VARICOSE VEINS.—Cumston (*Annals of Surgery*) says Trendelenberg's operation is the ideal method of treating varicose veins

of the leg. Through an incision four inches long over the trunk of the saphenous vein about the junction of the lower and middle third of the thigh, the vein, and its branches, underlying the incision is isolated, the branches tied, ligatures placed on the trunk at the upper and lower ends of the incision, after which the vessel is cut away with scissors.

FORMALIN IN GONORRHOEA OF THE FEMALE.—One of the best of means for curing gonorrhoea in the female is the formaldehyde treatment. In this plan the vulva is washed with a 1-1,000 solution of formalin, and before introducing the speculum the vagina is irrigated with a two to three per cent. solution. It may also be well to swab out the cervical canal of the uterus by the use of a 1 to 500 solution. Where the case is grave and there exists a gonorrhoeal metritis, surgical intervention, such as curettage, is needed; but even in these cases the formalin applications are of much advantage. A number of prominent men now believe that formalin offers the most rapid available means of cure of gonorrhoea in the female.—*Am. Jour. Surg. and Gynecol.*, Sept., 1898.

TO CLOSE DEFECTS IN THE SKULL.—Prof. A. Barth recently announced that a successful bony regeneration of a defect was only to be obtained by supplying calcareous salts for a foundation, which is best accomplished by filling the space with a spongy calcined bone, easily prepared and sterilized. He proved his assertions on animals and—in one case of pseudoarthrosis of the tibia—on man.

J. Grekoff reports (*Cbl. of Chir.*, Oct.) his success in two children, both extensive defects. The calcined bone (shoulder-blade of a calf) has healed firmly in place (five to seven months) percussion elicits the normal sound. He recommends the method in high terms to others, advising filling the defect as smoothly as possible, freshening the edges, absolute asepsis and young subjects. No test has yet been made on an adult.—*Jour. Am. Med. Asso.*, Oct. 29, 1898.

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

RHEUMATISM IN CHILDREN.—Philip F. Barbour, (*Ped.*, Oct. 1st, 1898), calls attention to the fact that rheumatism is not a rare disease of infancy and childhood, and claims that the influence of heredity can not be ignored. The characteristic symptoms of the disease in the adult (inflamed joints, high temperature and acid sweats) are not found in children as a rule, the only one of the triad usually present being the fever and that a much milder symptom than in the adult.

The relation between "growing pains" and rheumatism is pointed out, as also that between the latter disease and some cases of wry-neck, follicular tonsillitis, chorea, and erythema.

That wry-neck may be due to caries of the cervical vertebrae and disease of the spinal accessory, and eye-strain is recognized and should be differentiated.

EARLY DIAGNOSIS IN WHOOPING COUGH.—Henry Lewis Wagner, of San Francisco, (*N. Y. Med. Jour.*, Oct. 8, 1898), states that the diagnosis of whooping cough can be made early by an examination of the nasal secretions. The secretions of the *normal* mucous membranes of the nose contain very few bacteria, while in whooping cough we find a large mass of bacteria of one kind—a natural pure culture of "polbacteria." This bacterium, when full grown, is two or three times as long as broad, is rounded and somewhat thickened at its ends, and is divided in the middle. It is nearly always surrounded by a capsule which originates by imbibition of the external layers of the cell membrane and is lost by artificial cultivation. He prefers Knaak's contrast stain, and concludes that the treatment should be mainly directed to the upper air passages where the bacillus is found.

Dr. White Glendower Owen, (*Medical News*, September 10th), records a confinement which he attended, in which the child was an exact reproduction of one of Palmer Cox's "Brownies," with the grotesque features, froglike abdomen, and spindling limbs

so familiar to all. Its most remarkable feature, however, was its cap—the thing which had puzzled him so greatly in making a diagnosis of the presentation. This consisted of a hood of fibrous tissue, of purplish hue, which originated in a space of probably two inches and a half on the top of the cranium, and extended upward and outward about the same distance. The child weighed about eight pounds, was stillborn, and it was soon the centre of attraction for a curious throng of feminine neighbors who flocked in to view it.

Reverting to the cause of this *lusus naturae*, the author ascertained that during the first month of the mother's pregnancy, her little boy brought home a wooden "brownie" about fifteen inches long, with its cap painted red. He threw this unexpected into his mother's lap, and thereby giving her quite a shock, though afterward she was considerably amused upon examining the toy. Dr. Owen was extremely anxious to obtain possession of the child, in order to submit it for inspection, but as this conflicted with the religious convictions of the parents he was unable to do so.—*New York Medical Journal*, September 24, 1898.

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

THE PECULIAR CONDITIONS OF PHARMACY IN CUBA.—Any registered druggist may open a drug store or pharmacy in Cuba, or, if the owner is not a registered druggist, he must employ one so licensed to stand sponsor for the store. For this service they pay from \$40 to \$80 per month for the use of a pharmacist's name. And so it is that the *sine qua non* of the drug store is a registered pharmacist, who in many cases is not the owner and, in fact, seldom goes near the store except to draw his salary. This, with rent, clerk hire, light, and other incidentals, makes the expenses heavy for a small business, and the owner tries hard to get this amount back as quickly as possible, and consequently does not vie with his neighbor in cutting prices.

In the United States druggists, as a rule, in compounding prescriptions regulate the price by a certain rate for tinctures, fluid

extracts, etc., adding an extra five or ten cents for bottle, label, cork, etc. No such rule prevails here. I never saw a cost or selling mark on any goods whatever. Neither does a merchant feel himself bound to sell an article tomorrow at the same price he did today; and a renewed prescription nearly always costs more than the original.

A prescription which cost me 90 cents I asked to have tripled, hoping it would come cheaper, and the bill was \$5. I remonstrated, and the reply was that the price of the material had advanced. I requested the druggist to produce the prescription and let us figure on the cost, and he was greatly surprised to find that I not only read the prescription with ease, but also knew the wholesale prices of the drugs, which for the tripled size footed up 30 cents. He then reduced the price to \$2.50.

The practice of substitution is very general, and physicians seldom take exceptions, as they are usually silent partners in the profits.

A store where prescriptions are compounded is called in Spanish "Farmacia," while a wholesale house is a "Drogueria." The latter need not be owned or managed by a registered pharmacist. There are only three wholesale druggists on the island, and all are in Havana. They are owned by Lobe & Co., Sarra Bros., and Johnston & Co.

No drugs, chemicals, etc., are exported to the United States or elsewhere.

Quite full lines are carried of such proprietaries as Scott's Emulsion, Mellin's and Nestle's foods, Ayer's and other sarsaparillas; and of such pharmaceuticals as Parke, Davis & Co.'s, Wyeth's, and McKesson & Robbins'. I cannot learn that any attempts are made at imitations. The law requires that any one putting a preparation on the market must label it in the proprietor's name. Proprietary medicines are sold at a fair advance over cost.

Coarse drugs or chemicals used for commercial and manufacturing purposes, such as borax, sulphate of iron, etc., are sometimes sold by hardware stores; all other drugs are confined to the legitimate drug trade. Perfumery, toilet and fancy articles are sold by the haberdasher. There are no attempts made to undersell a neighboring merchant. Each man usually tries to sell higher than his neighbors.

Physicians' prescriptions are filed, and some pharmacists also

copy them into books. The files are kept for many years. The druggists, by law, may retain the prescription paper when filled; he will, however, give a copy if the customer is going out of reach of the pharmacy.

To be a licensed pharmacist one must hold a certificate granted by a Spanish or Cuban university. These licenses are of two kinds, temporary and permanent. The first is obtained by the payment of \$400 (gold), and is good for six years; the latter, by undergoing an examination and the payment of a somewhat larger sum.—Pulaski F. Hyatt, Consul at Santiago, in "Special Consular Reports" dealing with the drug trade in foreign countries.

DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.,

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum
Professor of Laryngology and Rhinology in the Fort Wayne College
of Medicine, Fort Wayne, Indiana.

PROTARGOL IN OCULAR THERAPEUTICS.—Protargol, an albuminate of silver in the form of a yellow powder that is soluble in water, seems to be destined to largely take the place of nitrate of silver in the treatment of eye affections. It does not precipitate nor form new combinations with chlorine nor coagulate albumen, hence it is supposed to penetrate more deeply into the tissues than silver nitrate. It also has the advantage of being almost entirely non-irritating, and no danger, therefore, need be apprehended from too concentrated solutions, as it has no caustic nor corrosive action. Instillations of protargol solutions are scarcely felt, and at the most a slight burning is felt a few minutes after application, which is easily borne by the most sensitive of children. Even the slight pain felt may be entirely neutralized by combining with the remedy an anesthetic. For instillations it is recommended that a five per cent. solution be used, though as a paint a twenty to fifty per cent. solution is recommended. A more prolonged therapeutic effect may be obtained by means of it than is possible with other silver salts.

A NEW BASE FOR YELLOW OXIDE OINTMENT.—In discussing a paper upon Phlyctenular Keratitis at the recent meeting of the American Medical Association, Dr. Melville Black called attention to a new way of preparing yellow oxide ointment which may be found to be superior to the usual method. He instructs the druggist to prepare the ointment by rubbing the yellow oxide in rose water ointment, or what is ordinarily known as cold cream, which is simply an emulsion of white wax, rose water and a small amount of oil. This base is better than vaseline alone, because it mixes more readily with the tears and does not flow out of the conjunctival sac. It is also harder and does not melt in summer as does vaseline.

A SATISFACTORY METHOD OF REMOVING POWDER STAINS IN FRESH CASES.—In the October number of the *Ophthalmic Record* Dr. J. W. Heustis describes a method of removing fresh powder stains, which in his hands has proved very successful. The patient first must be thoroughly anesthetized, then with a stiff nail brush, and using soap and water rendered antiseptic by carbolic acid, bichloride solution, or any other antiseptic that may please the operator, scrub the part thoroughly. Do not hesitate to draw blood, and do not cease until the powder grains have been entirely removed and face, hands, or other surfaces are clean. Should it become necessary to remove the entire cuticle do not hesitate to do so, as it will reform in a few days. It is sometimes impossible to eradicate a deep spot entirely, and in this case a smooth, elliptical incision is to be made, the stain removed, and a light suture inserted. Following the operation of scrubbing, it is only necessary to cut a covering the shape of the surface denuded, soak it in carbolized oil and apply. After the skin has resumed its normal condition, it may be necessary, where blue spots may be seen remaining, to remove by the elliptical incision previously mentioned.

RELIEF OF BLEPHAROSPASM AND PHOTOPHOBIA IN PHLYCTENULAR KERATITIS.—Dr. Dudley S. Reynolds, in a paper on Phlyctenular Keratitis, presented at the Denver meeting of the American Medical Association, says that every case of phlyctenular keratitis is dependent upon lymphatic engorgement or other manifestations of strumous diathesis, largely resulting from injudicious diet. For the relief of blepharospasm and photophobia, which are

such common and persistent symptoms, he prescribes Rochelle salts and quinine. A single dose of Rochelle salts, followed by a periodic dose of quinine, will frequently relieve the sufferer when all other remedies have failed. A child from seven to fourteen years of age, after an asperient, may take a single dose of ten grains of sulphate of quinine with marked amelioration of the condition of the eye. The subsequent treatment should include both mercury and sulphate of quinine in minute doses. For a child under ten years of age Dr. Reynolds prescribes one-tenth of a grain of sulphate of quinine and one-fiftieth of a grain of bichloride of mercury, given together every hour, every two hours or every three hours, according to the intensity of the blepharospasm and photophobia.

Of signal importance also is the dietary, which should be rigid in every case. If pains be taken to trace the cause of the disease, we will in almost every instance find that these children are almost universally supplied and have been allowed to take anything they please to eat and to drink at any age and at any time. Tea, coffee, nicknacks and all sweet things should be positively prohibited and the child placed upon a simple diet of bread and milk. The child should also have plenty of pure water and fresh air, and if it buries its head in the pillow this is all the more reason why it should be taken out of doors.

A CASE OF QUININE AMAUROSIS.—Dr. James Moores Ball, in the October number of the *Ophthalmic Record*, reports an interesting case of quinine amaurosis caused by the administration of 60 grains of quinine in pill form within twelve hours. On the following morning following the ingestion of the quinine the patient was totally blind. On the third day after the ingestion of the drug Dr. Ball saw the patient and found the condition as follows: Patient very deaf; pupils widely dilated and irresponsive to light; vision reduced to perception of light in the right eye, fingers counted at four inches with the left; tension normal. The ophthalmoscope showed marked contraction of the retinal vessels, both arteries and veins. The optic papilla was somewhat pale, as was also the retina. The diagnosis of quinine amaurosis was made. No drugs were given, and the patient was directed to remain in the recumbent position. A liberal diet was allowed. Vision slowly improved, and one year later was practically normal with correcting lenses.

Dr. Ball concludes by giving the following symptoms in quinine amaurosis:

- 1st. Total blindness following the ingestion of large quantities of quinine.
 - 2nd. Pallor of optic discs.
 - 3rd. Marked contraction of the retinal blood vessels.
 - 4th. Contraction of the visual fields.
 - 5th. Pupils widely dilated and not contracting on exposure to light.
-

THE GALVANIC CURRENT FOR THE TREATMENT OF PTERYGIUM.—Dr. Horace M. Starkey, at the Denver meeting of the American Medical Association, presented a paper with the above title. Among other things, he says that a knowledge of the action of electricity warrants us in believing that commencing pterygia that are as yet too small to be harmful may be entirely checked by two or three treatments so that they remain quiescent indefinitely. The action of electricity upon the tissues is as follows:

1. It coagulates the blood in the vessels, stopping the blood current and thus causing the vessels to disappear. 2. It produces a mild adhesive inflammation of the subconjunctival tissues, thus forming a firm cicatrix between the conjunctiva and sclera, so that the gliding of the former over the latter is prevented. 3. It destroys micro-organisms in the tissues, so that, if the claims advanced by certain investigators that micro-organisms are the cause of the disease should prove to be well founded, this treatment would still be rational.

The method of employing the current is as follows: Any source of electricity may be employed provided it produces a smooth, constant and certain current of sufficient electro-motive force to overcome the resistance of the body, and provided further that it can be so controlled as to deliver a current of from one to five milliamperes. The current should be completely under control and should be accurately measured by a reliable milliamperemeter, which should measure fractions below five milliamperes. The eye being previously cocained a fine platinum needle connected with the positive pole of the battery should be introduced through the conjunctive near the apex of the growth and passed close to the sclera through and beneath the pterygium and at a right angle to

the direction of the growth. The circuit may now be completed by having the patient press a well wetted sponge connected with the negative pole against the palm. The currents should be turned on till the meter says that one, two or three milliamperes are passing. This current should be maintained for one or two minutes, when a second puncture should be made in a line parallel to the first and two millimeters distant, the current being applied as before. The treatment may be repeated in four or five days when all irritation has subsided, or it may be delayed as many weeks, at the convenience of physician and patient.

The advantages of the method are: First, it avoids any loss of tissue; second, it is painless; third, it does not incapacitate the patient; and fourth, it stops the progress of pterygia in the early stages.

EXTIRPATION OF THE LACHRYMAL SAC AND GLAND.—Dr. C. R. Holmes, of Cincinnati, in a paper presented before the American Medical Association, gives the following indications for the removal of the tear sac and gland:

1. In cases where it becomes necessary to operate upon the globe, as for cataract or glaucoma, especially so should there not be sufficient time to carry out other methods of treatment.

2. In patients who cannot devote the time, or who may be unable to endure the treatment by probing.

3. In all cases where conservative treatment has failed to cure within a reasonable time.

Operation and Technique: The administration of a general anesthetic is necessary and thorough asepsis imperative. The patient's hair, after being shampooed, is enveloped in a moist towel, a strip of gauze is packed firmly up under the inferior turbinal, over the exit of the canal, to prevent the blood from passing into the patient's larynx.

Extirpation of the Sac and Canal: The sac, if possible, should be hulled out as we would a cyst, without rupturing. In order to clearly outline the sac it is injected with a thick starch, warm and colored with iodine. The incision is made along a line which corresponds with the center of the membranous portion of the sac and parallel with the muscular fibres of the orbicularis palpebrarum.

The upper portion of the sac rises to the upper edge, or slightly above, the tendo-oculi. The skin and underlying tissue

is carefully dissected through until the sac is exposed, the lips of the wound are held apart by three or four pronged retractors, and the sac shelled out of the lachrymal groove without tearing its coat or opening the vessels in the immediate neighborhood of the sac. The sac is dissected out from under the tendon; in some cases it is necessary to cut the tendon or depend upon the curet.

The bony canal is next curetted, the wound cleansed by syringing, and closed by deep and superficial stitches; if the tendo-oculi is severed, it must be replaced by heavy stitches. The canaliculi are split throughout their entire length, and the cut surfaces then cauterized with a flat platinum cautery point, to destroy all lining membrane and cause complete obliteration by granulation. Borated vaseline is placed on the wound, and a firm compress, to favor ready adhesion of its walls, is held in place by isinglass strips.

Extirpation of Lachrymal Gland: The incision is made along the margin of the orbit, cutting against the bone, beginning at center of upper orbital arch; it is carried to point 3 mm. below the outer canthus, the fascia or orbital septum is cut through along its attachment to the orbital margin, the good tissue is quite friable, and care must be taken in dissecting it out.

In some cases it will be advisable to remove a portion or all of the palpebral gland. The wound is not closed before all hemorrhage has ceased; it is then closed by two deep and three or four superficial fine silk sutures covered with sterilized borated vaselin, gauze and cotton, and pad fixed with strips of isinglass adhesive plaster.

BOOK REVIEWS.

THE CARE OF THE BABY.—By J. P. Crozer Griffith, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Second edition. W. B. Saunders, Publisher, Philadelphia. Price \$1.50. 1898.

This is a well-written, entertaining and instructive book of 400 pages, designed for mothers and nurses. It is not intended to supplant the physician, but it contains much valuable information which will be of benefit to those entrusted with the physician's orders, and it certainly is one of the best works of its kind.

The recommendation of tanic acid for hardening the nipples may not be acceptable to all physicians, however, and the sponge included in the list of necessities for the confinement might be replaced by cotton or other material which can be sterilized and destroyed after using.

The book should be carefully studied by all mothers.

B. Van S.

AMERICAN TEXT BOOK OF THE DISEASES OF CHILDREN.—By Louis Starr, M. D., Consulting Pediatrist to the Maternity Hospital, Philadelphia; second edition. W. B. Saunders, Publisher, Philadelphia. 1898. Price, cloth, \$7.00; sheep or half morocco, \$8.00. For sale by subscription.

This work bears out the general reputation of the balance of the American Text Books and the fact that the first edition is so soon exhausted shows to what extent it has been appreciated.

The whole subject-matter has undergone a careful revision, and fifty pages of new matter have been added, bringing the work fully abreast of the times.

Koplik's sign of measles is described.

Dillon Brown, in his article on diphtheria, cheerfully accords antitoxin its specific effect in laryngeal cases, but grudgingly admits its value in the naso-pharyngeal form. From one who form-

erly opposed the measure so strongly, however, this is as much as could be expected.

The chapter on Tuberculosis is by that master, William Osler, and needs no further praise.

The contributors are all men of national repute, and the work is an authority. B. VanS.

A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS FOR PHYSICIANS AND STUDENTS, BASED ON THE MOST RECENT METHODS OF EXAMINATION.—By Oswald Vierordt, M. D., Professor of Medicine at the University of Heidelberg. Authorized translation with additions by Francis H. Stuart, A. M., M. D. Fourth American edition, from the fifth German, revised and enlarged, with one hundred and ninety-four illustrations. Philadelphia, W. B. Saunders, 925 Walnut St., 1898.

It is with pleasure that we welcome the fourth American from the fifth German edition of this excellent work. It has been so short a time since the previous edition was reviewed in these columns that little need be said now. After having a repeated demand for successive editions of any large work, or so important a work as this, places it safely beyond the ban of adverse criticism and establishes its value in the estimation of the real critics—the medical public, for whom it is intended.

We learn that the work immediately upon its publication, owing to the already international reputation of its author, was translated into Russian, Italian and English, and the numerous impressions of the book have given the author an opportunity, of which he has fully availed himself, to so remold the book as to keep fully abreast of the rapidly moving tide of medical progress.

The articles upon gastric digestion and neurology received a most thorough revision, which was, of course, absolutely demanded by the extraordinary progress in these departments. Stomach diagnosis especially has proceeded by leaps and bounds, while neurology has done little less. The general practitioner will find in this book a full and yet concise outline of the entire subject of internal diagnosis from the master-pen of a master-mind.

G. W. M.

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HYPNOTIC

ECTHOL

ANTIPURULENT

IODIA

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ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

CONCERNING CERTAIN DISEASES SOMETIMES MISTAKEN FOR MALARIA.*

By JAMES B. HERRICK, M. D.

Associate Professor of Medicine, Rush Medical College; Attending Physician to Cook County and Presbyterian Hospitals, Chicago.

Since the discovery in 1880 by Laveran of the malarial parasite and its somewhat tardy though now general acceptance by the scientific world as the specific cause of malarial fever, our views concerning this disease have materially changed. Certain facts concerning the life history of the parasite and the mode of entrance into its human host are yet to be disclosed. And certain atypical, so-called malarial manifestations and some of the Southern fevers must be more carefully studied before their relation to the parasite is determined. But even with this somewhat serious lack of knowledge, the fact remains as above stated, that since the plasmodial epoch in the history of malaria, we have materially modified our views and in two directions. First, certain diseases previously regarded as malarial have been expunged from the cate-

Read at the meeting of the Allen County Medical Society, Fort Wayne Indiana, Nov. 1, 1898.

gory, e. g., many maladies accompanied by chills and fever, typho-malarial fever and probably the malarial neuralgia. And in the second place, cases that were formerly but little understood or that passed under some other name have been, by the blood examination, recognized as malarial. Thus many a case of supposed typhoid or grave cerebral disease has been identified as infection with the aestivo-autumnal parasite, secondary or mixed infection with the plasmodium has been seen, and malaria has been found in our large northern cities—to be sure often imported or recrudescence cases—where, scarcely expected, it might readily be overlooked were it not for the blood examinations. Naturally these two tendencies have been at times exaggerated. Physicians have sought for, and believed they had found, a plasmodial explanation of the most varied conditions, their opinion often based upon a faulty examination of the blood or no examination at all; and on the other hand a case of true malaria may have been passed over for the same reason, inadequate knowledge of, or practice in, examinations of the blood, or, because of a preconceived diagnosis against malaria, no blood examination whatever being regarded as necessary.

It is my purpose to refer briefly to cases that would fall in the first class or those non-malarial cases that might readily be mistaken for malaria.

Before entering upon this topic let me recall to your mind that the diagnosis of malaria rests upon five facts. (1). The knowledge of exposure to plasmodial infection by residence or sojourn in a malarial district. This will include recent residence but remote as well, for the tendency to relapse in malaria is one of its characteristic and peculiar traits. (2). The occurrence of periodical paroxysms of chill, fever, sweating with the accompanying subjective disturbances, languor, headache, nausea, etc., or in the graver cases still more pronounced constitutional and focal symptoms. This may all be included under the head of periodicity. (3). The findings on objective examination such as anaemia, herpes, and particularly, enlarged spleen. (4). The disappearance of acute symptoms under the exhibition of quinine. The statements so emphatically made by the Baltimore school that chills and fever—not necessarily the other manifestation of the infection—that resist quinine are not malarial are fully borne out by the experience of competent observers, at least in our temperate climate. (5). The detection of the plasmodium in the blood. I

need scarcely add that for the detection of this parasite a certain amount of experience in technique is a prerequisite and above all a knowledge of the appearance of fresh and stained specimens of normal blood. Many mistakes in diagnosis can be traced to a lack of this latter knowledge.

I desire to limit myself to a discussion of those diseases that can be mistaken for malaria because of chills and fever and especially recurring chills and fever. While this is a symptom by no means common to malaria, it is yet so striking a feature in typical cases of this disease that it is hard to eradicate the impression that a repetition of chills and fever means malaria. And particularly is one anxious for such an explanation if they occur in a woman just confined or operated upon. Even the most conscientious physician cannot help having his attention directed by the recurring chills and fever to a question of malaria, hoping that the plasmodium is to blame and not an unclean finger, instrument or ligature.

INFECTION WITH PYOGENIC ORGANISMS.—SEPTICAEMIA

AND PYAEMIA.

As the most frequent cause of repeated chills and fever outside of paludism, I would specify infection by the ordinary pus-producing microbes. This may be either a true septicaemia, the organisms present and multiplying in the blood, or a pyaemia, a local pus-depot being the origin of thrombophlebitis, septic emboli and showers of bacteria and toxins. Or again there may exist a combination of the two conditions, which clinically and pathologically are hard to differentiate, to which the name septico-pyaemia has been applied.

In true septicaemia chills are relatively rare except at the beginning. Recurrences may, however, take place.

The chill of pyaemia, the subsequent fever and sweating may be remarkably like that of malaria, may even show a tendency to regularity, and may have a complete apyrexia in the intermission. In the sub-acute and chronic cases constitutional symptoms, debility, anaemia, anorexia, etc., may be no more marked than in a tertian or quotidian.

The diagnosis must rest upon (1) the finding of an infection atrium as a suppurating otitis, an appendicitis, a suppurating bronchial gland, a cholecystitis, a pyelitis, a suppurating corn or ingrowing toe-nail, an infected parturient uterus, a gonorrhoea, a preced-

ing pneumonia, etc. The great difficulty is when the infection-atrium is hidden. (2). The paroxysm is often less protracted than the malarial. The sudden rise of temperature to its complete drop may take but three or four hours, while a malarial paroxysm with correspondingly high temperature would take twice that time or in the aestivo-autumnal type still longer. (3). By watching for several days there is seen to be more irregularity about the time of the paroxysms than in malaria, i. e., the periodicity is less marked. (4). There is no response to quinine. An error is readily made here, for often in the natural course of a pyaemia a period of complete or relative apyrexia lasting several days may follow a paroxysm. If quinine has been given, the *post hoc ergo propter hoc* argument may lead one to error. (5). The blood examination fails to reveal plasmodia, but does show leucocytosis—an increase in the polymorphonuclear white blood-corpuscles—a condition not met with in uncomplicated malaria. (6). While the blood examination is the crucial test there must not be forgotten the importance of the small things in diagnosis, the facies and cachexia of plasmodial sepsis different from that of pyogenic sepsis, the spleen of malaria larger as a rule than in the pus-disease, the herpes, the previous malaria, the exposure to malaria, etc. All these small points must be given some weight in the attempt to solve the mystery. This one can seldom fail to do if the case be watched for a few days. By this time the character of the paroxysms, the absence of plasmodia, presence of leucocytosis, resistance to quinine will have excluded malaria even though the source of pyogenic infection may not reveal itself, i. e., even though our case be one of the cryptogenetic form.

Malignant, or as it is commonly termed, ulcerative, endocarditis is in reality but a variety of pyaemia. In some respects, however, it has a symptomatology of its own. At times like sepsis, or like typhoid, in other cases it is typically pyaemic and simulates malaria. But as in pyaemia the paroxysm is apt to be of shorter duration, the interval less regular, the blood reveals no plasmodia, but does reveal leucocytosis and perhaps pus-organisms. Embolic manifestations are not uncommon as in the retinal hemorrhages, the purpuric lesion of the skin, the painful spot in the spleen, the hematuria or the plugging of a larger artery with ensuing gangrene. The emboli may be the starting point of local suppuration. The heart also seldom fails to show by murmur, often varying from day

to day, by altered first or second tones, by increase in size, by change in rhythm and rapidity of beat, that there is endocardial inflammation. In these cases, too, cause for the valvular infection may be found in some pus focus or some recent infection as gonorrhoea, diphtheria, rheumatism, pneumonia, etc. And it is not to be forgotten that valves already damaged by a preceding non-malignant endocarditis or by sclerosis furnish a favorable nidus for the lodgment of pathogenic germs, so that a knowledge of old endocardial trouble should put one on the lookout for new. With the thought in mind of the possible existence of malignant endocarditis one will seldom call its chills and fever, even though repeated, malarial, and especially when one finds that quinine fails to make an impression upon the intermittent course of the temperature.

There is a class of cases not fitting in accurately with true sepsis, not always plainly pyaemic, but in which a local suppurative process leading to abscess formation goes on, which process may be accompanied by an intermittent fever, or a continued fever with marked remissions, and in which chills are a prominent feature. In fact, this may be the case in any abscess, e. g., in the middle ear, in bone, in the lung, gall-bladder parauterine connective tissue.

But it has seemed to me that I have seen mistaken for malaria more cases of abscess of the liver, kidney and ischio-rectal fossa than abscess in any other region. One case of abscess of the liver, sub-acute in its course, the patient up and about, with slight jaundice, muddy complexion, passed through several hands as a case of malaria; that it was a case of abscess I know, for I saw the abscess at autopsy. Pus in the kidney or its pelvis may, especially if the ureteral drainage be temporarily obstructed, give rise to ague-like paroxysms. For some reason that I can not explain a peri-rectal abscess may cause a close imitation of malaria or typhoid, and for many days cause no local discomfort. Two such cases I have seen, one like typhoid, one like malaria. In both no early complaint of pain drew attention to the rectum or perineum. In the pseudo-malarial case there were periods of apyrexia, then chills, fever, sweating and malaria was diagnosed by some. But no plasmodia were found, there was leucocytosis, quinine was unavailing, and in a few days the patient complained of difficulty in urinating, of some pain in defecation, and a bulging red and tender perineum when incised gave exit to a few ounces of pus and the "malaria" was cured.

It should be an invariable rule in a case of chills and fever uninfluenced by quinine, with no detectable plasmodia, with leucocytosis, to watch the temperature at four hour intervals for several days and to examine every nook and corner for a possible port of entry of infective germs or for a collection of pus. In this as in other failures in diagnosis, the fault is oftener in not looking and, therefore, not finding, than in mistaking what is found. More errors are made from carelessness or haste than through ignorance.

TUBERCULOSIS.

In a second group I would include cases of tuberculosis. In beginning tuberculosis—during “tuberculization”—chills are common. This is especially true in pulmonary tuberculosis. Occurring before cough is marked, when there is no expectoration, when constitutional effects are scarcely noticeable, the daily chill, fever, sweat and apyrexia may very closely resemble a mild or moderately severe malaria, and easily lead to error, particularly if in a malarial district and season. The blood in these cases does not show an increase in the number of white corpuscles.

Malaria is excluded by the absence of plasmodia, splenic tumor and herpes and by the failure of quinine to cure. The cough, the examination of the lungs or of the sputum if it can be obtained, the diagnostic use of tuberculin, the increasing anaemia, the rapid pulse, must be our main guides in deciding upon the tuberculous nature of the trouble. Tuberculosis in other parts of the body may cause, though less often, similar paroxysmal attacks so that the genito-urinary tract, the bowels, the peritoneum should be interrogated for possible tuberculous disease.

HEPATIC DISEASE.

The third group includes cases of hepatic or bile-duct disease.

First gall-stones are often associated with chills and fever. This is easily understood where a gall-bladder containing stones becomes infected and suppurates. But in some cases there is no suppuration—though perhaps some infection—and chills occur. Stones in the common duct are the ones most frequently associated with chills and fever and are not rarely mistaken for malaria.

There is usually jaundice. This may be permanent. At the time of the paroxysm there is epigastric pain, perhaps vomiting, chill, fever, sweating and deepening of the jaundice. These parox-

ysms may occur frequently or at long intervals. In one case of this sort that I saw, the patient had been more or less jaundiced for about twenty-five years. In another seen a few months ago, for three years. These patients, from the permanence and deep tint of the jaundice, are less likely to be treated for malaria than those in whom the jaundice is not permanent, but only appears, and then perhaps but to a slight degree, after a paroxysm. These stones in the common duct, with what has been called a ball-valve action, may cause the same pains, gastric disturbance, chill and fever as the solitary stones causing more or less permanent obstruction and whose chills have just been described. The jaundice is, however, often very slight and may readily escape detection unless carefully sought for.

As an illustrative of this class I can cite the case of Mrs. N., 50 years of age, who for one year had suffered from chills and fever, her first attack coming on soon after a fall. The attacks for some time were said to have occurred every other day, and were attended by a "yellowish discoloration" of the skin. She was treated by several physicians for malaria, and at one time after being confined to bed for several weeks in a hospital and taking much quinine was discharged as cured, her chills ceasing. They soon returned after leaving the hospital. I was, I think, the twenty-first physician she consulted. I persuaded her to put herself in a hospital where she could be under my observation for two weeks, hoping in this way to see her in one of her paroxysms. For three days she had a normal temperature, then a chill and temperature of 103 degrees, but no perceptible jaundice. After a three days' interval again a chill and temperature of 103.5 degrees. Then an interval of two days, severe chill, great pain in the epigastrium, temperature following chill 104.5 degrees. Within twenty-four hours conjunctivae distinctly yellowish and bile in urine. Diagnosed as solitary chole-dochus stone. This was removed by Prof. Senn a few days later and the patient left the hospital fully recovered.

While these gall-stone cases are the forms of hepatic disease oftenest accompanied by chills and fever, there are other hepatic disorders in which these paroxysms may play a prominent part. Prof. A. D. Bevan showed me a case of permanent jaundice with irregular chills and fever where, at operation, he found a nodule in the head of the pancreas obstructing the common duct. Riva describes a case with chills and fever giving the clinical history and

the autopsy report, where the cirrhotic process in the liver was apparently of syphilitic origin, with some gummata. Pepper also reports somewhat similar cases of hepatic fever. These cases, it is to be noted, are not accompanied by naked-eye pus.

The most striking instance I have ever seen of chills and fever repeated daily came under my observation this summer in the person of an adult alcoholic with no history of gall-stone, who declared that daily for over four months he had had a hard chill, followed by fever and sweating. This I found was no exaggeration. For weeks he was under my daily observation, and scarcely a morning passed that he did not have a rigor and a temperature rising to 102-105 degrees, followed by complete apyrexia.

He had an hepatic facies, dry skin, was emaciated. The liver and spleen were enlarged; the former hard, not nodular, but with slightly irregular edge. There were ascites and oedema of the lower extremities, enlarged veins over surface of abdomen. There was no pus located anywhere even by the exploring needle in liver. No tuberculosis anywhere. Fluid from abdominal cavity sterile and a guinea-pig after injection of 5 c. c. remained perfectly healthy. No other findings. Diarrhoea, asthenia, cholaemia, death. Clinical diagnosis, Hypertrophic Cirrhosis of the Liver. No autopsy was permitted.

The cause of these peculiar outbreaks in disorders of the liver and bile-ducts is a matter for speculation and future investigation. Great credit is due Charcot for first calling attention to the connection between hepatic disease and chills and fever.

The exculsion of malaria in these conditions is easy when once the possibility of the existence of an hepatic cause for the paroxysms is called to mind, and if the patient can be watched for a few days. I am sure we often do our patients and ourselves a great injustice not alone in these cases but in any obscure affection by not insisting upon the privilege of observing the patient. Many a mistake in diagnosis would be avoided if this were oftener possible. If this be done in the cases of hepatic intermittent fever it will be found that the paroxysms are inclined to be irregular, they are accompanied by pain, usually followed by jaundice. Quinine has no effect. There are no plasmodia.

SYPHILIS, POST PARTUM STATE, TYPHOID, ETC.

Occasionally, though certainly much more rarely, intermit-

tent fever will occur with disease of the kidney, where the cause is not quite clear. In some cases it is pelvic stone and perhaps the locking up temporarily of a little pus or bacteria, or it may be that merely toxins cause the chill and fever. The fever and chill of catheterization or the passage of an urethral sound, while probably due to infection is not yet clearly understood.

The fever of syphilis may be accompanied by chills or chilliness, and quinine may be given where another specific is indicated.

Post partum chills and fever without other evidence of sepsis, without local signs of pus or inflammation or any abnormal condition, are sometimes met with. An interesting case of this sort I saw about a year ago, where for days there were chills, fever even to 105 degrees, sweats and then a normal temperature. I was requested to bring my microscope to examine for plasmodia, but none were found. There was an excess of leucocytes, and a careful study of the temperature chart showed that while daily chills were the rule there was occasionally an intermission of over twenty-four hours, while at other times two chills would occur on the same day. Moreover, quinine in large doses had not materially modified the course of the disease. The physical examination revealed a moderate anaemia, a diffuse bronchitis, a trouble of several years standing, a palpable spleen, and a pronounced apical and pulmonary systolic cardiac murmur. I suspected post-partum ulcerative endocarditis and thought of the suppurative bronchitis as the source of bacterial infection and toxæmia. Whether this theory was correct I do not know. The patient, according to the report of her physician, after several weeks made a good recovery. Such recoveries are not unknown in malignant endocarditis. Yet the cause of the chills and fever may have been from some hidden, cryptogenetic source. That it was not malaria I was convinced at the first consultation with the attending physician.

About the same time I was asked by a physician on two different occasions to examine specimens of blood from a patient who, post-partum had chills and fever with very high temperature, in whom he declared no trace of local trouble could be found and who was not ill enough to be in bed all the time. So pronounced were the chills, so sudden the rise of temperature, so decided the intermission that the physician, in the absence of other signs of infection, felt that there must be some malaria in the case, though as high as sixty grains of quinine in twenty-four

hours had been given without ameliorating the symptoms. This of itself would exclude malaria, and as no plasmodia were found a diagnosis of cryptogenetic infection of intoxication had to be given. The true nature of many of these cases is yet to be learned. Auto-infection or auto-intoxication from the alimentary canal or from some other viscus as liver or kidney can be assumed as a cause, though occurring so soon after labor one naturally thinks of the entrance of the disturbing agent from without.

Chills in the course of typhoid are also sometimes inexplicable. They may be due to some intercurrent infection as pneumococcus or streptococcus, to complicating suppurating processes perhaps in hidden mesenteric glands, to thrombo-plebitis; yet occasionally, especially during beginning defervescence, chills and fever without known cause appear, usually, after a few paroxysms, subsiding. Some of these are certainly not malarial.

Yet a discussion of chills in typhoid leads naturally to the question of secondary or mixed infection with the malarial organism. That such infection can occur is admitted. Well-authenticated cases of typhoid, complicated by malaria, are recorded. And the possibility of a malaria superimposed upon a typhoid, a pneumonia, a Bright's disease, the puerperal state, the post-operative condition must always be remembered, and the complicating plasmodism diligently sought for. And in all doubtful cases it is not a bad plan to do as do our brethren in the river bottom countries, "throw in a little quinine."

A paper on a topic apparently so simple may seem elementary and uncalled for before an audience of practitioners. But I have thought that some of you, perhaps, had been perplexed when brought face to face with a concrete case to know whether or not it was malaria. I know I have. And I have seen many other physicians in a similar quandary and have known not a few out and out mistakes to have been made. I, therefore, deemed it not inadvisable briefly to present this subject to you in a way rather suggestive than complete. Were the occasion suitable for reading an exhaustive paper filled with the results of literary or experimental research and going over the subject more thoroughly than I have attempted, the short time allowed for the preparation would have prevented my writing such a paper.

I trust, in conclusion, that one fact will not escape you. It is that many of the conditions I have described as possibly leading to

an incorrect diagnosis of malaria do not show a natural tendency to recovery, though most of them are remediable. Therefore, a mistake is serious. In a certain class of cases with our present therapeutic limitations the patient is not a sufferer even though an incorrect diagnosis be made, though our scientific pride may receive a serious shock. It matters little, so far as the welfare of the patient is concerned, whether we call a case chronic rheumatism or rheumatoid arthritis, cerebral hemorrhage or embolism, paralysis agitans or multiple sclerosis, mitral regurgitation or aortic stenosis. If we treat a case of carcinoma of the stomach as pernicious anaemia or a miliary tuberculosis as typhoid the result is death and the correct diagnosis does not alter the fatal ending. And many diseases will tend toward recovery no matter under what name they are treated, at least they will do so unless maltreated, i. e., over-treated.

But a patient with mild pyaemia or septicaemia may, by proper measures, have his chances of recovery greatly improved. A stone in the kidney or an abscess of the liver, with present surgical skill, need not cause death, though under quinine alone it may prove serious. A stone in the gall-duct, a constant source of danger, is easily within reach of the surgeon's knife. A collection of pus in any part of the body may be more or less completely evacuated and a life saved. And the time to rescue our patient from the horrors of pulmonary tuberculosis is not when the symptoms and signs are pronounced, but early, when perhaps the chief evidence is the chills and the fever, a clear note of warning if we but interpret it aright.

It is for this reason that I regard the subject as of great importance, and that I have thought it as worthy your attention.

Fort Wayne Medical Journal-Magazine

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EDITORIALS.

CONTAGIOUS DISEASES.—MONTHLY REPORT.

The following is the report of the Board of Health regarding cases and deaths from contagious diseases in the city of Fort Wayne during the month of November:

	Cases.	Deaths
Diphtheria (including Membranous Croup).....	26	10
Scarlet Fever ..	8	0
Measles ..	not rep	0
Typhoid Fever	not rep	1
Tuberculosis	not rep	8
Cerebro-Spinal Meningitis.....	0	0
Small-pox.....	0	0
Chicken-pox.....	0	0
Whooping Cough.....	0	0
Total deaths from all causes.....		63

MEDICAL SUPERVISION OF THE PUBLIC SCHOOLS.

The necessity of a mèdical man as inspector of public schools is becoming daily more imperative. In our own town the Board of Health keeps track of the location of each case of contagious disease and ascertains the source of contagion where possible. In case several children are ill of a given disease, all attending the same school, the building is promptly closed and disinfected. In this way much is accomplished toward the limitation of the spread of the malady.

The little town of Southall, in West Middlesex, England, has gone a step further. It proposes now to adopt a system of bi-weekly inspection against diseases generally. This is to extend over a period of one year. Diphtheria has been present in that locality for twenty years, and during that time a number of observations have been made showing the effect of the opening of the schools in augmenting the number of cases, and vice versa.

A similar course was adopted eighteen months ago against scarlatina and not a single case has appeared since.

B. VanS.

DOES COLLEGE TRAINING PAY?

In the last issue of the *Forum* this question has again been taken up and discussed at some length. The writer seeks to show by statistics that the majority of men who have held, and now hold official positions under this government are college bred men.

It is well for the writer that he confines his argument to elective officers. Had he extended his research into the professions of law, medicine and pharmacy, and similar branches he would have tread on dangerous and uncertain grounds.

How much does it avail a man who may have chosen pharmacy as his profession and life work? Granting that he has enjoyed a collegiate, literary and pharmaceutical education, and has in other directions thoroughly fitted himself with the necessary knowledge and information to carry on his chosen profession; wherein lies the benefit of his collegiate training if he is forced to discard his higher attainments and perform the work merely of an artisan or mechanic?

As illustrative of the point to be made in this argument let us suppose the following prescription is handed him for dispensing:

Syr. Acid Hydriod. (Wyeths) ℥ iv.—4 drams.

Ess. Pepsin (Fairchilds) ℥ i—1 ounce.

Syr. Hypophos. Lime Soda (Gardners) ℥ iss—1 1-2 ounces.

Elix. Fono-Sumbul (Warners) qs. ft. ℥ iv.—4 ounces.

Mix and give teaspoonful as directed.

This is but a sample of what is placed in the hands of a prescrip-tionist every day throughout the United States, and it shows either one of two things.

1st. The pharmacist does not take pains to impress the phy-sician with his ability to make similar preparations of intrinsic merit, or

2nd. The physician is too easily influenced by testimonials given these preparations by members of the medical profession, many of which are given for a consideration. W. O. G.

ON THE NATURE OF THE ANTAGONISM BETWEEN TOXINS AND ANTITOXINS.

There are few questions of higher scientific and practical inter-est than the one indicated by this topic. Whether the antagonism is directly chemical between those compounds or whether their phy-siological effects are simply antagonistic is a problem of far reach-ing importance. Recent investigations of Drs. Martin and Cherry published in the proceedings of the Royal Society, for July, of this year, tend to prove that their antagonism is chemical rather than physiological. Indeed, the results of their experiments can scarcely be explained in any other manner than this. One of the difficulties hitherto met with in accepting this view of their action has been the circumstance that a considerably larger dose of the antitoxin was required to antagonize the action of toxin when the former was in-jected subcutaneously at the same time, or after the toxin, than when the two were mixed outside the animal organism. These investi-gators have apparently proven that this discrepancy is due to the slow osmotic properties of the antitoxin, by reason of which it does not get into the circulation quick enough to combine with the toxine. If instead of injecting subcutaneously it is thrown directly into cir-culation by the intra-venous route, the discrepancy disappears. The author's conclusions with reference to anti-venene and venom (the

latter having been obtained from the Australian tiger snake) are summarized as follows:

(1). That about the same quantity of anti-venene necessary to neutralize the venom *in vitro* is capable of doing so when the former is injected into the blood stream and the latter subcutaneously. (2). That at least ten to twenty times the quantity is required when they are both placed simultaneously under the skin, but in different parts of the body.

That the proportion of toxine necessary for neutralization should be the same whether they are mixed prior to injection or the antitoxine is injected into the veins simultaneously with the injection of the venom subcutaneously, the author points out, is only what might be expected if the antagonism is chemical in its nature, inasmuch as by the more rapid absorption intravenously of the antitoxine it is already in the blood to neutralize the toxine when it is absorbed. This additional evidence of the chemical nature of the antagonism, re-enforcing that accumulated by Kanthack, Ehrlich, Fraser, Stevens and Meyr, and the author and Dr. Cherry, is such that he says he does not see that anyone can come to any other conclusion.

G. W. M.

NEWS NOTES AND COMMENTS

Dr. W. F. Schrader, who was recently operated upon for gall stone, has so far recovered as to be able shortly to resume his practice.

The following causes of death are taken from the health records of a northern Indiana town: "Brain trouble," "non-circulation," "stomach trouble," "heart disease," "lung trouble." The State Board of Health has ordered this foolishness to cease forthwith.—Bulletin of Indiana State Board of Health.

The physicians of this city are circulating a petition to the Common Council, praying for the building of a tunnel under the railroad crossings which divide the city in the southern portion.

Their strong argument lies in the fact of long and unnecessary detention at railroad crossings in emergency and hurry calls, entailing great loss of time and the possible loss of life.

Dr. John Kappel, Coroner of Allen County, died at his home in Fort Wayne on October 31st as a result of pneumonia. Dr. Kappel was but twenty-nine years of age and had been in active practice but four or five years. He graduated from the Fort Wayne College of Medicine in 1892, afterwards taking a course in the New York Post-Graduate School and completing his education by attending a course of lectures at the University of Berlin.

The Board of Health of a Massachusetts town condemned a tenement house and premises as unhealthy and unfit for habitation, the owner of the house being served with a notice. The tenants were not notified of the conditions and continued to live in the condemned building. As result two children of the tenant were taken sick with typhoid fever. The owner of the building was accordingly sued for damages, and a jury's verdict gave \$100 for the daughter, \$150 for the son, and \$250 for the father.

The druggists of Indiana are now actively engaged in framing a pharmacy bill, to be introduced into the next legislature. It will be remembered that a similar bill was passed two years ago by both branches of the legislature, but did not become a law on account of the Governor's veto.

The objectionable features which caused the Governor to veto the bill at the last session have been removed, and a Pharmacy Law now appears to be not only a possibility but also a probability.

Mr. William Tebb, an eminent British anti-vaccinationist who has been studying and fighting against vaccination for twenty-five years, and who was one of the leaders of the great and recently successful fight against compulsory vaccination in England, is now in America sowing seeds of rebellion and distrust of medical authorities in the minds of the people regarding the subject of vaccination. We fully expect to next hear of the anti-vaccination league with Mr. Tebb at its head.

Before another edition of the JOURNAL-MAGAZINE leaves the press, Hope Hospital, of Fort Wayne, Ind., will have one of the most modern and thoroughly equipped aseptic operating rooms in the state.

Its construction and equipment have been carefully planned and executed under the guidance of the foremost surgeons of our city, and nothing that money could buy has been omitted, in giving to the operative patients all of the chances of success that human power could devise. This addition will prove a veritable boon to the many physicians in the northern part of the state who find it necessary to bring their patients to this city for surgical treatment.

Dr. Frederick C. Woodburn, formerly Secretary of the Indiana State Medical Society and a resident of Indianapolis, died at Ponce, Porto Rico, September 28th, 1898, whither he had gone as a hospital attendant of the regular army. Dr. Woodburn was a graduate of the Medical College of Indiana, class of 1887, and at various times occupied positions in prominent medical societies, being at one time secretary of the Mississippi Valley Medical Association, and at another secretary of the Indiana State Medical Society. He also held the position of superintendent of the city dispensary of Indianapolis for a period of two years. He continued in general practice until he enlisted in the United States Army in June of the present year.

Dr. C. S. Arthur, one of the prominent physicians of Northern Indiana, died at his home in Portland, Indiana, on October 16th, at the age of sixty-five years. Dr. Arthur has been identified with the medical progress of Indiana for many years and attained much prominence in a professional and business way. He served as surgeon of the Seventy-fifth Indiana during the Civil War, until compelled to resign because of ill health. He was surgeon for the Grand Rapids and Indiana Railroad, and a member of the Jay County, Indiana State, American Railroad Surgeons, and American Medical Societies. He served as auditor of Jay County for two terms and was ex-president of the Citizens' Bank of Portland. Dr. Arthur was a surgeon of more than ordinary ability, and for many years enjoyed a large and lucrative practice. He numbered his friends and acquaintances in the medical profession and at large by the score, and his death marks a decided loss to the community.

The Indiana Medical College, medical department of the University of Indiana, was completely gutted by fire on the morning of November 25th. The origin of the fire seems to be a mystery, though it is supposed to have come from the furnace in the basement, and travelled quickly to the halls and stairways so that in a short space of time the entire building was in flames. Fortunately but few students were in the building at the time, though two of them escaped with difficulty and one, Dr. Norman Shobe, who attempted to escape by means of the stairway, was caught between the second and third floors and burned so severely that he afterwards lost his life from the shock. In all probability the college will be rebuilt upon a larger scale than ever before.

Dr. A. M. Owens, one of the best known surgeons of Southern Indiana, died at his home in Evansville on September 8, 1898. Dr. Owens was a graduate of the Bellevue Medical College of New York City, class of 1870, and for many years has ranked as one of the leaders of the medical profession of Indiana, and especially of Evansville, where he made his home. He was surgeon and proprietor of the Evansville Sanitarium, treasurer of the Pan-American Medical Congress, member of the International Medical Congress, member of the American Medical Association, the Indiana State Medical Society, the Southern Surgical and Gynecological Association, and Mitchell District Medical Society. He was ex-president of the Mississippi Valley Medical Association and the Mitchell District Medical Society.

Dr. J. H. Omo, of Maysville, one of the oldest practicing physicians in the county, died suddenly on Friday, October 21st. The Doctor had been in Fort Wayne during the day, and soon after his return home and while walking down the street, staggered and fell to the sidewalk. He was carried into a house near by and expired within a few moments, supposedly from some heart lesion, though particulars have not been obtained. Dr. Omo was a native of Allen County, and was sixty-five years of age. He was engaged in the practice of medicine at Maysville since the close of the Civil War. He was one of the best known and most highly respected men of the county, and his sudden death caused great sorrow among his numerous friends and acquaintances. Dr. Omo was a member

of many of the prominent medical societies, among which may be named the Allen County Medical, Indiana State and Upper Maumee Valley Societies. He was a graduate of the medical department of the University of Nashville, graduating with the class of 1865.

Antifebrine, which is officially known under the name of acetanilide, forms one of the principal components of most proprietary headache capsules and powders. The potency of the drug is sufficiently indicated by the fact that the maximum dose assigned to it is only three grains, and yet we learn that examination of some of the well known proprietary headache powders proves the dosage of this one drug to be in excess of the maximum dose assigned to it by the official pharmacopoeas. Little wonder then that physicians are frequently called to see headache sufferers with symptoms of collapse, due to taking one or more of the much advertised headache cures found in all drug stores. It seems evident that some intimation should be given that these powders are not free from danger and that they cannot be taken in unlimited quantities with impunity. If people will continue to dose themselves with remedies of unknown composition, the manufacturers should be compelled to not only give note of warning as to the number of powders that should be taken within a given time, but limit the dosage to quantities that may be safely administered.

Quarantine regulations in the South are becoming extremely obnoxious if we are to believe the statement of Dr. Spottwood, of Mobile, which is published in the *Little Rock Democrat* of November 3rd under the head of "Quarantine Abuses." Among other things he says:

"A barrel of carbolic acid that was shipped to Selma had to be thoroughly fumigated before it was allowed to be landed in that town. A large load of rocks from a hundred miles up the Tombigbee river that passed down the river (by the city) had to be 'disinfected' before it was unloaded at Fort Morgan, where the material was to be used in building harbor defenses. No doubt the health authorities had detected numerous 'yellow microbes' upon the wharves, anxiously awaiting the approach of the barge, to pounce upon the unsuspecting rocks. So absurd were the quarantine regulations

imposed by the Selma health authorities and the intervening counties that the officers of the Mobile and Birmingham railroad had to discontinue all trains over their road until quarantine was raised. Is it any wonder then that the quarantine has a much greater terror for all sensible people than the dreaded yellow fever itself? Is it any wonder that all classes of business men cry aloud to the government to save them from the local quarantine fiend and establish a national quarantine, based upon reason, justice and humanity; quarantine regulations that may be enforced without paralyzing business and stifling commerce?

DANGERS IN HOLY WATER.—Professor Vincenzi, of the University of Sassari, has investigated the holy water from one of the most popular churches of that city, with the following results: A single drop, taken a few hours after the water was renewed, and spread upon gelatin, yielded in forty-eight hours about twenty-three hundred and fifty bacterial colonies, including besides those common in water bacillus tetragenus and staphylococcus albus. The next evening, after numerous and crowded services, each drop of the water tested yielded innumerable colonies. Among these were numerous specimens of the bacillus coli, and others which Professor Vincenzi identified with the bacillus mucosus of Abel, believed by some to be the exciting cause of coryza. But the most important discovery was that of bacilli, which, in microscopic appearance, result of cultivation, and action on animals were, according to our author, undoubtedly identical with Loeffler's bacillus diphtheriae. Four cases of diphtheria were notified at Sassari while these investigations were proceeding, and, it being the custom there for persons to touch their lips as well as other parts with holy water, the possibility of infection is obvious. The notable number of colonies of bacillus mucosus perhaps stands in relation to the fact that contact between fingers and nose is frequent, whence it is not improbable that bacilli are directly carried into the holy water. The bacillus coli, though possibly directly introduced, was, according to Professor Vincenzi, probably present in the church dust, which, he remarks, was copious.—*Mod. Med. Science.*

In all probability the various State Legislatures throughout the United States will sooner or later have to contend with what all com-

munities are more or less infected with, metaphysical medicine or what is popularly termed Christian Science. It is now announced that the famous Mrs. Eddy, the discoverer and founder of Christian science, is at the head of what is termed the Massachusetts Metaphysical College, and has just completed the examination of a class of about seventy of the active workers in christian science healing, and conferred upon them degrees certifying that they are competent to practice the healing art in accordance with her system. It remains to be seen whether the medical examining boards of the State of Massachusetts will recognize a diploma from an institution of this character.

The *New York Times*, in commenting upon the subject, says that the imposters are nothing more nor less than murderous fanatics that should receive the severest punishment. We heartily agree with the statement that these people should be made to feel the strong arm of the law, and that human life is too precious to be trifled with or to be placed in the hands of any person not competent to deal with it in accordance with the scientific knowledge possessed by a graduate from a reputable medical school requiring at least three years of study, which shall include the fundamental branches of medicine and surgery. It is to be hoped that Massachusetts will take measures to strangle this pet scheme of Mrs. Eddy, who is perhaps one of the most dangerous of fanatics that suffering humanity has had to contend with.

The following preamble and resolutions, offered by Professor Daniel R. Brower, were recently presented before the Chicago Medical Society in the regular session and unanimously adopted:

WHEREAS, the members of the Chicago Medical Society regard with deep concern the demoralizing and unprofessional conduct of Prof. Emil Behring in lending his aid to the Dye Works (Farbwerke) of Höchst-on-the-Main, Germany, to the securing of a patent on diphtheria antitoxin; and

WHEREAS, the behavior of Professor Behring is derogatory to the professional character, in conflict with the ancient traditions of medicine, and in sorry contrast with the example of Simpson, Pasteur, Lister, Helmholtz and a host of other illustrious physicians; and

WHEREAS, the history of recent biologic science clearly ex-

hibits the important contributions made to the development and establishment of serum therapy by a number of Behring's predecessors and contemporaries, whose credit he seeks to appropriate; and

WHEREAS, antitoxin of the highest grade, possessing a potency and efficacy far greater than that of the Behring product, has for years been supplied in the American market, at reasonable prices, therefore, be it

Resolved, by the Chicago Medical Society, that Professor Behring's conduct is unworthy of his scientific reputation; that his claims to priority in the discovery of antitoxin serum are unfounded; and that the granting of his patent, after five successive rejections by the examiner, was unjust, erroneous and contrary to public policy;

Resolved, that it is the duty of every member of the Chicago Medical Society to renounce the use of the Behring serum, and that the American manufacturers who purpose contesting the patent in the courts are entitled to the moral and substantial support of every American practitioner;

Resolved, that the secretary be requested to send copies of these resolutions to the leading medical journals of the United States, thus giving them a wide publicity.

The *Philadelphia Medical Journal* serves notice upon all medical journals of every kind and description that on and after the first of January, 1899, the exchange list of the *Philadelphia Medical Journal* will be abolished. The editor is now preparing a list of the journals desired for the year 1899, and the subscription price of each will be remitted by the business manager before the close of the year.

In explanation of the new policy the editor says that he believes the exchange system results inevitably in discourtesy and injustice. What was inaugurated in a spirit of kindness has become in reality a cause of irritation and burdensome unfairness. If the exchange courtesy is extended to a score it is asked by hundreds of others, until he finds he is spending a large amount of money in sending out his own copies and for which he receives several journals, the greater number of which in his special field of work are worthless. In the great majority of instances the exchange is of far less benefit to one than to the other, and for this reason it is proposed to place

the journals upon an equal footing, which, in the estimation of the editor of the *Philadelphia Medical Journal* is only accomplished by the payment of the regular cash subscription rate for those journals that may be desired for use.

In all probability the move will receive severe criticism from many periodicals throughout the country, and especially those who aim to furnish their readers a resume of the best that is found in current medical literature. From the standpoint of the *Philadelphia Medical Journal* and the other metropolitan weekly medical periodicals who may adopt the same plan, the move is an advantageous one from almost every point of view. Not only will the expense of the exchange system be entirely cut off, but a large number of periodicals making use of the larger weeklies for abstracting principal articles will be compelled to purchase the journals at the regular subscription price. Granting that the average practitioner prefers a resume of the current medical writings rather than the long scientific articles appearing in the metropolitan weeklies, and that this class of journals is large in number, the metropolitan medical weeklies will gain very largely by the increase in subscriptions. On the other hand the monthly periodicals will reap no benefit whatever. From a purely pecuniary standpoint, which undoubtedly most appeals to the editor of the *Philadelphia Medical Journal*, the move may be considered justifiable to its originators, but we fear that many "esteemed contemporaries" will attribute the act to selfish motives only.

When Tiffany & Co. made for the people of Indiana the beautiful solid silver service that two years ago was presented to the noble battleship of that name, the donors little thought that their gift was so soon to bear the honorable scars of an historic battle. This proud distinction, however, has only come to the massive eighteen pound silver punch-bowl, which was struck by a fragment of a mortar-shell fired from Socapa Battery, Santiago de Cuba, midnight, July 4th. The shell burst in the ward-room passage of the battleship, and a fragment about 5 1-2 inches long, weighing about five pounds, struck the bowl on one of the stoutest parts of the body, where the seal of the State of Indiana forms the central portion of a rich decoration. The seal is still there, but not as the artist designed it, for it now forms a part of a large, irregular indentation,

which, in Captain Taylor's estimation, doubtless enhances the value of the bowl a thousand times and over. The force of the blow destroyed the symmetry of the beautiful bowl, but fortunately did not impair its usefulness.

Captain Taylor, of the "Indiana," sent the bowl to Tiffany's to have the scar properly inscribed and the piece of the shell mounted upon the bowl. The dent, of course, will not be removed or the bowl refinished in any manner. The shell will be simply mounted over the bowl in such a way that it may be lifted off like a cover and the bowl used when desired. Upon the inside of the bowl, over the bulged-in part, will be engraved or etched:

Made by a fragment of a mortar shell fired from the
Socapa Battery, Santiago de Cuba, which burst
in the ward-room passage of the United
States Battleship "Indiana," mid-
night, July 4th, 1898.

The punch-bowl is one of the largest and richest pieces of the "Indiana's" silver service. It stands 11 inches high, measures 19 1-2 inches across the top, and has a capacity of four gallons. The bowl is lined with gold, and the decorations, which are all in repousse work, include the State Seal of Indiana, the famous soldiers' and sailors' monument in Indianapolis, the principal flora and trees of the State—all interwoven into a highly artistic and symbolic design.

The entire "Indiana" silver service consists of about forty pieces, including candelabra, tea-set, waiter, etc., all of sterling silver. There are about two hundred pounds of sterling silver in the service, and it is by far the richest gift of this character ever presented to a battleship or cruiser. The fund for the purchase and presentation of the service was conducted under the auspices of the Indianapolis *News*.—*The Home Decorator and Furnisher*.

MEDICAL REVIEWS.

DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

IN CHARGE OF GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne
College of Medicine, Fort Wayne, Ind.

THE DIAGNOSTIC VALUE OF THE OPPLER-BOAS BACILLUS IN GASTRIC CANCER.—The vital importance of utilizing every possible aid in differentiating gastric cancer from other forms of gastric disease gives great interest to this subject. Conflicting views have been hitherto entertained in regard to this question. Dr. Knickerbocker, of Wilson, New York, finishes an article in a recent number of the *Philadelphia Medical Journal*, with the following conclusions:

(1). That, while not pathognomonic of carcinoma, the presence of the Oppler-Boas bacilli is of the utmost diagnostic value.

(2). That their presence may be demonstrated in nearly all cases at some stage of the disease.

(3). That in a large number of cases the bacilli may be found before the tumor has involved surrounding structure to such an extent as to make extirpation impracticable.

(4). That in a limited number of cases the bacilli may be found before palpable evidence of tumor.

WIDAL'S TEST AGAIN.—Owing to the uncertainty which seems to have been thrown upon the reliability of this test, any light upon it is gratefully received. It seems altogether probable that the sources of error will be finally eliminated and a real diagnostic value finally remain.

Levy and Gissler (*Munchener Medicinische Wochenschrift*, ab-

stract in Medicine) contribute to the value of Widal's test as applied to one hundred and fifteen cases during an epidemic of typhoid fever. Of the one hundred and fifteen cases, one hundred and five presented the clinical characteristics of the disease; the remaining ten did not.

The danger of pseudo-agglutination is averted by employing typhoid bouillon culture not older than ten or twelve hours. The investigators prefer fluid serum to dry blood. Two hours is sufficient time for observation. Great value is added to the work from the fact that the clinical and bacteriological investigations were carried on independently and the results compared later. In two cases the evidence was of unusual value, and the diagnosis was between typhoid and puerperal fever. In one case the patient had been ill for fourteen days, and Widal's test was positive. Post-mortem examination showed puerperal endometritis, with the lesions of typhoid fever.

The reaction was positive in all of the cases presenting characteristic symptoms of typhoid. The details of the case are shown in a table. Of eighteen cases examined in the first week, the reaction was positive in ten. Of the remaining eight, three gave the reaction later, and five were not typhoid. Of twenty-six examined in the second week, the reaction was positive in twenty-two. Subsequent developments showed that the remaining four were not typhoid. Of twenty-six examined in the third week of illness, the test was positive in twenty-four; the remaining two proved not to be typhoid. Sixteen cases were examined in the fourth, thirteen in the fifth, seven in the sixth, ten in the seventh, and five in the eighth week, all giving positive reaction. The characteristic clinical picture of typhoid was present in each case.

DEPARTMENT OF SURGERY AND GYNAECOLOGY.

IN CHARGE OF MILES F. PORTER, A. M., M. D..

Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine.

ARTERIAL COMPRESSION AS AN ANESTHETIC.—M. Jabony, of France, (*Jour. Am. Med. Asso.*), claims to have produced sufficient

anesthesia by compression of the carotid arteries, for reducing a dislocation, setting a fracture, or making an incision.

FIXATION IN PULMONARY TUBERCULOSIS.—Bloch (*Semaine Med.*, May 4) reports a number of cases in which a demi-cuirass of plaster on the diseased side caused a decided amelioration of all the symptoms. A removal of the cast after two or three weeks showed the physical signs of disease much diminished.

PREVENTION OF CANCER.—Williams (*Lancet*, Aug. 20, 1898—*Med. News*) believes that the causes of cancer are high living, sedentary habits, and deficiency of fresh vegetable food, and that it lies within the power of the physicians to greatly reduce the occurrence of cancer, and perhaps abolish it altogether by calling the attention of the laity to these causative factors and insisting upon an avoidance of glutinous habits of life.

INFLATION OF THE BILIARY PASSAGES.—Dr. Weller Van Hook, of Chicago, (letter in *Med. News*, Nov. 5, 1898), recommends the injection of air into the bile passages to enable one to pass sounds, determine location of stones or other obstructions of the bile passages. Fistulae and diverticulae can also be demonstrated in this way. A bicycle pump attached to a rubber tube fastened into the gall-bladder by means of a metallic tip was the means by which the air was injected.

OPERATION FOR HOUR-GLASS CONTRACTION OF THE STOMACH.—Watson Cheyne reports a case of this kind (*London Lancet*, March 19) successfully operated upon by the same method as that known as pyloroplasty when applied to cicatricial contraction of the pylorus, viz.: Incision of the stricture at right angles, the line of incision extending a greater or lesser distance into sound tissue, stitching of the angles of the incision together, thus causing the line of sutures when placed to occupy a position at right angles to the line of the original incision.

GASTRIC ULCER SUCCESSFULLY SUTURED TWENTY - FOUR

HOURS AFTER PERFORATION.—Cabot (abstract in *Medical News* from *Boston Med. and Surg. Jour.* of Aug. 11th, 1898) reports a case in which he sutured a perforation in the lesser curvature of the stomach of a woman about 24 hours after perforation had occurred. No stomach contents save gas had escaped into the peritoneal cavity. An indurated area about an inch in diameter marked the base of the ulcer. This was turned in by two rows of Lembert sutures, which were passed through healthy tissues. The abdomen was wiped carefully after irrigation with salt solution. Small gauze drain was left in five days. No food was given by mouth for several days. Recovery was steady, although there was much annoyance from excessive flatulence.

RESULTS OF OPERATION FOR BREAST CANCER AT JOHNS HOPKINS HOSPITAL.—Dr. Halstead, in a paper published in the *Annals of Surgery* for Nov., 1898, gives the results of operation for breast cancer in Johns Hopkins Hospital for nine years.

One hundred and thirty-five cases have been operated upon; 76 of these more than three years ago. There have been 9 per cent. local and 16 per cent. regional recurrences. Of the 76 cases operated upon three or more years ago 41 per cent. are living without local recurrence or signs of metastasis; 10 died more than three years after operation, and one as late as five and a half years thereafter; of these ten one had local recurrence. Forty cases therefore (52 per cent.) lived more than three years without signs of local or regional recurrence. Forty-six per cent. died within three years of the operation and 7 of these with local recurrence.

DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

PREGNANCY WITH AN UNRUPTURED HYMEN.—Albespy (*Gynecologie*, August 15, 1898) reports the case of a young woman, 23 years of age, who assured him she had only had intercourse once with her lover, which had proved very painful and had not permitted of penetration. He found the hymen intact and with a very small

orifice, capable only of being entered by a sound. Labor began next day, and after the discharge of the amniotic fluid the membrane was incised, and a speedy parturition without evil sequelae followed.—*Univ. Med. Mag.*

HYDRAMNICS AND TWIN PREGNACY.—J. T. Joseph Bird, M. D., (*Med. Record*, Sept. 17, 1898,) reports an interesting case of undue enlargement of the abdomen at six months of utero-gestation which suggested immediate examination. At this examination, pregnancy was diagnosed, although no foetus could be felt, nor could the heart sounds be heard. The breasts contained calostrum, however, the cervix was soft and the abdomen and nipples pigmented. A fluctuation wave was elicited all over the abdomen, and although no evidence of obstruction to the portal circulation could be found it was thought by several that ascites complicated the pregnancy and rendered the signs of the latter obscure.

Ovarian cyst was eliminated because no history of the growth beginning in one side could be obtained.

The heart gave evidence of an old endocarditis (with aortic stenosis and mitral insufficiency).

With the concurrence of counsel the abdomen was tapped for ascites and a pint of fluid was withdrawn, followed by a little blood. She recovered nicely from the tapping, and ten days later fell in labor and was delivered of twins. There was no evidence of ascites after the uterus had contracted.

VAGINAL EXAMINATIONS AND VAGINAL DOUCHES IN NORMAL LABOR.—George P. Shears, M. D., (*N. Y. Record*, Sept. 17, 1898) thus concludes an interesting article on this subject: "To sum up, the common custom of making frequent vaginal examinations during the whole course of labor is unscientific and unsafe, and it should be the aim of the conscientious obstetrician so to familiarize himself with all extravaginal methods of diagnosis as to reduce the necessity for vaginal examinations to a minimum.

All intravaginal manipulations are especially objectionable after delivery.

When the vaginal secretions are normal, anti-partum douches are unnecessary and harmful. Upon this point the researches of Leopold and Goldbery, as well as those of Fischel and others, seem to be conclusive. In normal cases the single post-partum douche

is unnecessary and therefore objectionable, but in many cases circumstances render it advisable as a precautionary measure.

The routine use of douches during the normal puerperium is contraindicated. Lusk says: 'In hospital practice they have invariably increased the morbidity and mortality rate.'

It is, of course, to be understood that these conclusions apply only to normal cases, and in no way forbid the most searching examination or thorough disinfection when indicated."

VOMITING OF PREGNANCY.—E. L. Priest, (*Kansas City Medical Record*, August, 1898), says that comparatively few women escape some derangement of the digestive organs during pregnancy, the most common form being nausea and vomiting, which varies in intensity from slight nausea in the morning to intractable cases where the life of both mother and fetus are threatened. The symptoms usually begin about the second month, but many appear earlier or later; after the sixth month it is rare for nausea to begin for the first time. A slight amount of nausea and vomiting is so common as to be considered almost physiological rather than pathological. The most generally accepted view of the pathology of this disorder is that it is a reflex disturbance. It is more frequent among women of nervous temperament, and primipara seem to be oftener affected, though it is by no means uncommon for a woman to pass through her first pregnancy with no sickness, and suffer severely from nausea during subsequent pregnancies. The amount of pain and discomfort produced varies greatly. In some cases the patients remain strong and well-nourished in spite of persistent vomiting, while others are terribly depressed and exhausted. In these cases it is important that the doctor should possess to the greatest degree the confidence of the patient. The assurance of the physician that a spontaneous cure usually occurs by the fourth month does much to sustain the courage and strength of the patient.

In acidity of the stomach, 10 grains of bismuth and 5 grains of oxalate of cerium, given in a glass of milk, will often be beneficial. Where there is a catarrhal condition of the stomach, small doses of the tincture of nux vomica, or Fowler's Solution, may give relief. Drop doses of the compound tincture of iodine has availed in several severe cases. Faradization, blisters, etc., have not proved of much use in the writer's experience. Where constipation is a factor, small doses of calomel are sometimes effectual. Careful

examination of the uterus should be made; any malposition corrected, and erosions of the cervix treated with a solution of nitrate of silver. Hot douches every six or eight hours gave more relief than anything else in one case. But the most important remedies in severe cases, and the only ones that can be relied upon, are the bromides, chloral, and preparations of opium, and these should be resorted to before the patient's strength becomes exhausted. Rectal alimentation plays an important part in sustaining the patient's strength, but it must always be remembered that the enemas must be small, and not repeated too often. Dilatation of the cervix has been highly recommended by some, but it is of doubtful value in many cases. Hygiene and pleasant surroundings are also important. Emptying of the uterus should not be resorted to until all other remedies fail.—*Am. Gynaec. and Obstet. Jour.*

DEPARTMENT OF PHARMACOLOGY.

IN CHARGE OF WM. O. GROSS, A. M., M. D., Ph. G.

Professor of Chemistry and Toxicology in the Fort Wayne College of Medicine.

A marked change in sentiment regarding tablet triturate and compressed tablets is becoming evident among medical practitioners. This formerly popular method of giving medicinal preparations is gradually being superceded by remedies put up in liquid form.

Over-fatness or obesity is now being treated by the alternate drinking of Vichy and Kissingen waters carbonated. The new method seems to offer many advantages over the old line of treatment for this condition, particularly in the exhibition of Iodides, Arsenic, Mercury, Acids and Poke Berry combinations. Dr. Cathell, of Baltimore, in a recent paper read before the medical society at the city, gives some very interesting facts regarding the use of acid and alkaline mineral waters as above mentioned.

BOOK REVIEWS.

OBSTETRICS. QUIZ-COMPEND.—By Henry G. Landis, A. M., M. D. Revised and edited by Wm. H. Wells, M. D., of Philadelphia. Sixth edition. P. Blakiston, Son & Co. Philadelphia. 1898.

Study by the Quiz-Compend system is not to be generally commended, but to an overworked student they are sometimes a valuable, even indispensable, aid. We have all used them, to some extent, at least, while attending college preparing for examinations. This one has exhausted six editions, and has been largely rewritten, bringing it entirely up to date. B. VanS.

PHYSICIANS VISITING LIST.—1898. P. Blakiston, Son & Co. Philadelphia. Price \$1.00.

This convenient method of keeping account of the work done by physicians has been provided for by this well known house for many years (48) and physicians generally are well acquainted with the "visiting list."

It contains a calendar for 1899; an explanation table of the metric system of weights and measures, a dose-table, treatment for asphyxia and apnoea, a comparison of scales of the different thermometers and a table for computing the length of utero-gestation.

It certainly is as compact and well arranged as any on the market. B. VanS.

HISTOLOGY: NORMAL AND MORBID.—By Edward K. Dunham, Ph. B., M. D., Professor of General Pathology, Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. Lea Brothers & Co., Publishers, Philadelphia. 1898.

This work is designated for beginners in histology. It is well written and easily comprehended. It is authoritative. It is writ-

ten with a view to impress the student with the *function* of the different tissues as well as the structure. It contains 363 beautiful and accurate engravings and the text is large and clear.

We do not think of anything more that could be desired of a text-book on Histology. It is complete. B. VanS.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY.—

Proceedings of the thirty-third annual meeting held in Detroit on May 5th and 6th, 1898.

This volume, the twenty-second published by the society, contains the official report of the Detroit meeting. Aside from the reports of committees and work transacted at business sessions, the book contains thirty-four papers and addresses which were presented at the meeting.

The Society is to be commended for its manner of conducting the joint sessions of the three sections, the scientific program being devoted entirely to one subject, the various phases of the subject being intrusted to men competent to discuss them in an exhaustive manner. "Septic Diseases of the Abdomen and Pelvis" was the subject under discussion at the Detroit meeting, and it was divided as follows, each division being assigned to a different member:

(a). Etiology. (b). The Blood. (c). Septic Infection of the Peritoneal Cavity, Its Diagnosis and Treatment. (d). The Medical Treatment of Septic Peritonitis. (e). The Surgical Treatment of Septic Peritonitis. (f). The Treatment of Septic Diseases of the Pelvis. (g). The Haughey Suture.

All of the papers presented were of a high order of excellence, and the work of the Society as represented by the Transactions is very creditable and indicative of a wide awake and progressive medical fraternity.

THE CHANGE OF LIFE IN WOMEN AND THE ILLS AND AILINGS INCIDENT THERETO.—By J. Compton Burnett, M. D. Boericke and Tafel. Philadelphia. 1898. Price, \$1.00 net.

The author says in the "*foreword*:"—"I have myself never heard a clinical lecture on the menopause that was the least help to me in my medical work, or one that afforded, to my mind, the least satisfaction; neither have I ever read any article or book on the subject

that offered me either mental enlightenment or practical advantage."

A careful reading of the book leaves no doubt in the reviewer's mind of the truth of this statement.

To stop leucorrhoea by local measures is wrong, as is the local treatment of eczema.

"Genuine insanity is *Cancer of the Mind*." "Pent-up sexual longings" is the "prime" cause of rabies.

One may have some difficulty in seeing a very close connection between the etiology of rabies or the cause of insanity and the "change of life in women;" or between the latter and the Hanne-mannian doctrine of psora or the danger of suppressing the itch, but the author excuses his numerous digressions on the ground that "The change of life in women and the ills and ailments incident thereto cover such a wide range that one hardly knows how to keep to the text."

We are told by the author that it was his intention when he began this volume (175 small pages) to write a much more elaborate treatise on the subject. That he did not carry out his original plan is evidence of his wisdom or his mercy.

M. F. P.

GOULD'S POCKET PRONOUNCING DICTIONARY.—By Geo. M. Gould, A. M., M. D., author of the *Illustrated Medical Dictionary*, *The Student's Medical Dictionary*; Editor of the *Philadelphia Medical Journal*; President (1893-94) American Academy of Medicine. New and revised edition entirely rewritten and enlarged, including over 21,000 words. Morocco, pocket size, 550 pages, \$1.00. Philadelphia. P. Blakiston, Son & Co.

This entirely new pocket dictionary, as announced by the publishers, contains the pronunciation and definition of the principal words in medicine and the collateral sciences, including very complete tables of the arteries, muscles, nerves, bacteria, bacilli, micrococci, spirilli, and thermometric scales, and a dose list of drugs and other preparations in both the English and metric systems of weights and measures. The book contains 21,000 words, each and every one being not only pronounced but defined in the most concise yet comprehensible manner. One noticeable feature is that the definitions really define, and leave one with a satisfactory idea of the meaning of a word, instead of the vagueness that usually character-

izes word definitions found in most of the pocket dictionaries found upon the market.

As a pocket dictionary and a book for hurried reference this little work does justice to the well known scholar and author, Dr. Gould, who has had a wide experience in the preparation of standard medical dictionaries.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS AND PHARMACOLOGY. By George Frank Butler, Ph. G., M. D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Medical Department of the University of Illinois; Professor of General Medicine and Diseases of the Digestive System, Chicago Clinical School; Attending Physician to Cook County Hospital, etc. Second edition, revised. Philadelphia. W. B. Saunders, 925 Walnut Street. 1898.

This volume of 800 pages presents in a very concise and readable manner such information regarding the principal articles of the Materia Medica, as the author regards most important to the practicing physician. In attempting to cover the entire ground of Materia Medica, Therapeutics and Pharmacology in a single volume it is difficult to avoid such a degree of condensation as will make the volume little more than a bald statement of the principal facts. After all, however, this is what the general practitioner most requires, and need not be regarded as a defect. The author finds room, however, for a 15 page article on Opium, and a 10 page article on Digitalis, which may be regarded as among the most important, and there is little doubt that if clearness, directness and brevity are studied, everything which is necessary for the practitioner to know can be clearly stated within this compass. A chapter of some 40 pages on prescriptions closes the text of the volume. This contains numerous valuable suggestions, together with several pages dealing with the rudiments of Latin. It is to be hoped that the time will soon come when a graduated physician will no longer need these rudimentary instructions, or else the whole business, terminology, prescriptions and all be rendered in current English.

The volume will be found a convenient, safe and reliable repository of the facts comprising the science with which it deals for both student and general practitioner.

G. W. M.

A TEXT BOOK UPON THE PATHOGENIC BACTERIA, FOR STUDENTS OF MEDICINE AND PHYSICIANS.—By Joseph McFarland, M. D., Professor of Pathology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Medico-Chirurgical Hospital and to the Rush Hospital for Consumptives and Allied Diseases, Philadelphia; Fellow of the College of Physicians and Surgeons, Philadelphia. With 134 illustrations. Second edition, revised and enlarged. Philadelphia. W. B. Saunders, 925 Walnut St. 1898. Price \$2. 50 net.

The first edition of this work appeared in 1896. This edition is brought fully up to date by the addition of several new chapters. The book is of especial interest to students of medicine and specialists in bacteriology, but by no means is it without interest to the practitioner. In fact the general practitioner must be acquainted with the subject matter of this book or be content to fall behind the procession. Practically the book treats of pathogenic bacteria only. More space is devoted to technique in this than in the first edition, which enhances the value of this as a laboratory guide. The specialist in bacteriology will find this edition more valuable to him because of the foot notes referring to original papers.

The style is terse and lucid; the type plain and large; the paper, binding and index good.

As indicated above a text-book upon pathogenic bacteria is a necessity to the student and the progressive practitioner as well, and we know of none that meets the requirements better than this. Reviewers do not usually refer to the dedication of a book but certainly the public acknowledgment of help received when it is most needed is commendable and might with justice and propriety be made more often than it is. Sentiment and science are not altogether incompatible. The dedication of this work to his grandfather, through whose aid he was enabled to pursue his medical studies, shows the author to be the possessor of that attribute without which no one can be either good or great,—gratitude.

M. F. P.

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—TO—

Fort Wayne Medical Journal-Magazine
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